1	MARYLAND STATE DEPARTM	NENT OF HEALTH—BALTIMORE, 18	
4	Items 8 & 9, Film G21	ATE OF DEATH Reg. Dist. No.	
director iled with	1. PLACE OF DEATH  COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY	4:
	parermore country	Md. Dalco, Cit	- 1
be of	RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Should blond	Mt. Wilson, Mary Land	132.101MOFE 9 3VOI-4	
3002	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Mt. Wilson State Hospital	d. STREET ADDRESS Pim lico Rd. e. IS RESIDENCO ON A FARM YES NO	17
Z4 har	3. NAME OF DECEASED (Type or print) Heibert John	Adelhardo Death 4 2 195	0
oge fi	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 H	
3 0 :	WIDOWED T DIVORCED T	lost birthdoy) Months Doys Hours Min	
m plant	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN	JTPY2
S Page	during most of working life, even if refired)		1
e out	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	7
afte de	1-1-4-71.14	1 1/2	
ysic	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
Pho	(Yes. no, or unknown)   (If yes, give war or dates of service)		
ding se r		spital Records, Mt. Wilson State Hospi	ta
tend pleo vithi	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEAT	N H
1000	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 7 hrombos	15 of Lanotid Ax1-484 24-48-	h
44	4 20,0 DUE TO 0		>
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in grand	gove rise to immediate DUE TO		
8 2 3 8	lying couse lost. (c)		
rans li.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPPERFORMED?	SY
phy 2	5 002x Pulmon are	Tulverculosis YES NO	
ending ficote h he bur or rem		EDF (Enter noture of injury in Port I or Port II of item 18.)	
at at at at a at a at a at a at a at a	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Pt	ACE OF INJURY IHame, farm, 20f. (City or town) (County) (Sto	ate)
tal or this or remot	Hour a.m. 19 While Not while of wark of wark	actory, street, affice bldg., etc.)	
osp osp od fer od fer	21. I certify that I attended the deceased fram.	7, 19, 58 to 4/2, 19, 59, that I last saw the dece	ased
Sch A P	alive an 9/2, 1959, and that death	accurred at 1:45PM, from the causes and an the date stated ab	ave.
to de	i Ha	ADDRESS (Street, city or town, stote) DATE SIG	
Ö 0 0 0	SIGNATURE A. MARGINEL	M.D. Mt. Wilson, Maryland	
FERAL DIII	PHYSICIAN'S William Newcomer, M.D.	Superintendent	
3 sl	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY.		
may it began the re	REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, ar county) (Stote)	
S S S S S S S S S S S S S S S S S S S	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	facy such	
VS A15 (4)	10, 1 D 1 0220 + 11 - 12 12 0 111	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
15M 10/57	foreng Dylio 8 128 febrety 19 Mandalle	Cross, M9 DAAPR 9 '59   Outling & though	

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Hard Landston III . He	and the second last to			
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FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is neveral execute the call to be, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be for straded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to: 7 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, crematian, or removal, and the within 72 hours ofter death. I 0 VS. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3947MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03915

0031	Keg. Di	ST. NO.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Resider	nce before admission)
159/CC 1 MARYLAND	my, De	22-631
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negres) town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and	give neorest town)
130 1 24 Mrs.	X Pibroville 8	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	de STREET ADDRESS	e. IS RESIDENC
Ild Gant Rd.	107 How threne	YES NO
NAME OF DECEASED (Type or print) BRY SON RID SIFY	A 1 B A 11 C H DEATH CRY	Doy Yeor
11 67F	1100 00 1100 111	1 195
SSEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  PROM 5, 1913  9. AGE (fit years leaf birthday)  Months (fit years leaf birthday)  Months (fit years leaf birthday)	Days Hours Min.
00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST		EN OF WHAT COUNTI
during most of working life, even if retired)	Blind B- 17- 4 to 6	71 < A
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	010.9
John 7 Alland 30	61. 5 . 31.1	days.
I WAS DECEMBED EVED IN II ADVED SOCCESS OF COMMENTS AND AND ADVED SOCCESS OF COMMENTS AND ADVENTS OF THE PARTY OF THE PART	ance hurray archar	2000
Yes, no, or unknown)   (If yes, give war or dates of service)	NFORMANT Address	1 1101
-yes 1204200 TT 216-03-3500	John F. albanshir - Old	Const Rel. a
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		/
IMMEDIATE CAUSE (0) Sephelanna		2 days.
690.1 DUE TO	0 15 0	5 1
Conditions, if ony, which) (b) Courtenact	e of pech	- m/20.
gave rise to immediate cause (a), stating the underlying DUE TO		
couse fast.		
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	MONTH WAS AUTOPS
Tronk		PERFORMED?
ON CALLED AND COMMENT OF THE COMMENT		YES NO
Y I FRIMART LI OF CONTRIBUTING LI	nter noture of injury in Port I or Part It of item 18.)	
	CE OF INJURY (Home, form, 20f. (City or town) (Cour	nty) (Stote
	ory, street, affice bldg., etc.)	
21. I certify that I took charge of the remains described about	ve, held an Autopsy 🔲, Inspection 🔀, Inquiry	X, and in m
opinion death resulted from: Natural causes Accident	, Suicide , Homicide , Undetermined m	onner 🗍
ACTUAL P. D. Page Sep	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE VIN GAJCECT	m.u.	
EXAMINER'S -7 45 47	ASSISTANT MEDICAL EXAMINER	4-1-15
NAME (Type) W. D CAPLES	DEPUTY MEDICAL EXAMINER	
		10
	CREMATORY 22d. LOCATION (City, town, or county)	(State)
REMOVAL (Specify)		(State)
Burial 4/1/59 Druid Ridge	Cem. Pikesville, Md.	
Burial 1/11/59 Druid Ridge	Cem. Pike sville, Md.  24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	NATURE
Burial 14/14/59 Druid Ridge	Cem. Pikesville, Md.	NATURE

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THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
THE PERSON NAMED IN COLUMN TO A PARTY OF THE	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 3943 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND M b. CHY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c\_ETTY)OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 shoul d. NAME OF HOSPITAL (If pat in hospital, give street address) d. STREET ADDRES e. IS RESIDENCE 2 NAME OF Middle 4. DATE OF DEATH (Type or print) 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HR 9. AGE (In years Months Days Hours 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Stole or foreign country) during most of Acking life, evan if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14 MOTHER please remave o 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address offending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO CEREBRA ARTERIOSCLE NOSIS Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 90 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. FLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, affice bldg., etc.) Hour o. m. While Not while of work at wark 21. I certify that I attended the deceased fram. 1957, that I last saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL FUNERAL DI PHYSICIAN'S NAME (Type) BURIAL CREMATION. 226. DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jawn, or quenty) page REMOVAL (Specify) BUNERAL DIRECTOR'S SIGNATURE

ADDRESS

ON A FARM? YES NO

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PERFORMED?

(State)

DATE SIGNED

(Stote)

24b. REGISTRAR'S SIGNATURE arthur & trave

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may be retained TO FUNERAL DIRE

VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 3944

113918 Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY Baltimore			MARYL	AND	2. USUAL RESI	DENCE (WH	nere deceased	lived. If instituti b. COUNTY		e befare adm	nission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Catonsville  c. LENGTH OF STAY IN 1b  6 yrs				N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Baltimore City					lwn)	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Spring Grove State Hospital					d. STREET A	S. Ma	rshall	St.		ON	ESIDENCE A FARMS
3.	NAME OF DECEASED (Type or print)	Anna	st	Middle		Baile		4. DATE OF DEATH	April Man	nth 1	) Day	Y=59
5.	Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIEI		B. DATE OF BIRT			AGE (In years loss brithday) 74 yrs.	Manths [	YEAR IF UN Doys Have	
L	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE			NDUS	Mary	land		intry)		ited S	tates	
13.	FATHER'S NAME	- od				14. MOTHER'S						
15	Charle:	S Sipes	CES2 14	SOCIAL SECTIONS NO	17 10	Mamie	Adda	ZIII.	Arte	lress .		
IY.		(If yes, give war or dates of s	ervice)	unknown		spital	Recor	ds	700	li e i s		
z	PART I. DEA LA 2 2 a Canditions, if o gove rise ta i cause (a), stating lying cause last.	NTH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO ny, which mmediate the under- (c)	Ge:	ne for (a). (b). ond (c).] teriosclero neralized a	tic rter	r <b>iss</b> cle r	osis,	sever	8		ONSET AN	ND DEATH
CERTIFICATION	PARI II. OII	TER SIGNIFICANT CON	DITIONS O	CONTRIBUTING TO DEA	111 801	NOT KELATED TO	) THE TERMI	INAL DISEASE	CONDITION GI	VEN IN PARI	PER	FORMED?
CERTIF	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	). (Enter noture a	if injury in I	Part I ar Part I	I af item 18.)			
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yes	While	Nat while_	20e. PLA foc	ACE OF INJURY ( tory, street, affice	Hame, form bldg., etc	20f. (City o	or lawn)	(Co	ounly)	(Stote)
	actual SIGNATURE PHYSICIAN'S	ril 19	., 19 Jaul sler	ed fram. Julyl 59, and that M. D. M.D.	death	accurred at	10:15 ng Gr	AM, fram ADDRESS (Street)	the causes of the courses of the courses of the courses of the course of	and an the state) pita 1	e date sta	
١.	BURIAL, CREMATIC REMOVAL (Specify) BURIAL	4-22-59	F	Moreland	_	RCREMATORY		22d. LOCATIO	ON (City, tawn,	or county)	(SI	lote)
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS				D BY REGISTR		STRAR'S SIGN		
LA	m Cook T	nc. 1217	St	Paul Stree	+		DATE AL	PR 2 2 '5	9 0	rthun &	25 aug	

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VS A15 (4)

15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03919

3945 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b COUNTY Baltimore MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) Fort Howard 84 Davs Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Veterans Administration Hospital 1702 North Bentalou Street YES NO P NAME OF Middle 4. DATE Year JAMES (Type or print) E BALIS. DEATH April 19 59 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 9. AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Male Colored WIDOWED T DIVORCED | May 16. 1893 65 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Waiter Hotel Luray, Virginia U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John M. Balis Cora Berklev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) Yes WW Clin. Recs., Vet. Adm. Hospital, Ft. Howard. 196-10-0910 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ABDOMINAL CARCINOMATOSIS WITH METASTASES. IMMEDIATE CAUSE (a) PRIMARY SITE UNKNOWN DUX XX UNKNOWN Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) o. m. Not while of work at work 21. I certify that X attended the deceased from January 8 , 19.59, to April 2 , 19.59 months concluded the deceased from January 8 , 19.59, to April 2 0001000000 and that death occurred at 6:20AM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE VAH FT. HOWARD, MD PHYSICIAN'S NAME (Type) JOHN W CRAWFORD, M.D. ----VAH-Rt. Howard. Md 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Baltimore Nationa Burial Baltimore 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arilly S. Hours DATE APR 1 3 '59 Phillips 1808 N Monney

	DIO STATE DEPARTAE	MARTH
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		N Pargui
		THE STATE OF STREET
	ALL DECIMALS	eght his Park Killy

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# may be retained the haspital or attending physician. TO FUNERAL DIRE R: After this certificate has been signed by the attending physician and comparerly filled in by the understanding and a shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. death. Page ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR

VS A1S (4) 1SM 9/SS

MARYLAN

3946

1. PLACE OF DEATH

a. COUNTY

BALTIMORE

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

(13921) Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     a. STATE     b. COUNTY				
BALTIMORE MARYLAND	MARYLAND BALTO				
b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)				
TELSTERSTOWH	TREISTERSTOWN, MD.				
d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  e. IS R ON					
18 BERRYMANS LAHE.	18 BERRYMANS LANE YES NO 1				
3. NAME OF First Middle	Last 4. DATE Month Day Year				
(Type or print) ADRIAN W. D	ALL DEATH APRIL 1, 1959				
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Haurs   Min.				
MALE WHITE WIDOWED DIVORCED	JAN 1. 1866 93 yrs.				
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
RETIRED BRICKLAYER	WASH, D.C. 21,5.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
UNKNOWN	UNKNOWH.				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT Address				
(Yes, no, or unknown) (If yes, give war or dates of service)	ERBERT W. BALL- 18 BERRYMANS LAHE				
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	China Opposite ONSET AND DEATH				
1422 IMMEDIATE CAUSE (a)	grain grain				
- 120	openfundations (1) Us as				
Canditions, if any, which gave rise to immediate	leions - Street your				
catse (a), stating the under- DUE TO					
lying cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
3	YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter nature of injury in Part I or Part II of item 1B.)				
	CE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)				
	CE OF INJURY (Home, form, 20f. (City or fawn) (County) (State) lory, street, office bldg., etc.)				
21. I certify that I attended the deceased from 2-10 -	5910 to 11-1-39 that I had a seed				
5 25- 59	, 19 , to find I last saw the deceased				
alive an 12 , and that death	The state of the s				
ACTUAL DENIES OF STATES	ADDRESS (Street, oil or town/stote) DATE SIGNED				
SIGNATURE	A.D. July 12 12 12 12 12 12 12 12 12 12 12 12 12				
PHYSICIANIE JAMES G- 454Fell	Restarster Md				
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, fawn, or caunty) (State)				
BURIAL 4/4/59 MIDDLETON					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE				
Tusting & Donovan - 3818 Polar	Dave DATE APR 6 '59 arily & thouse				
	DAIE MILL A GA				

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CONTRACTOR CONTRACTOR	1 19 4 3 4 5 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		His may believe when a

MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is received to be executed within the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct rage 4 shauld be 1 to 1. Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

I DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1 and 2 with the registrar prior to burial, cremation,

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- 4	5M	9/	55	

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3033 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03921

3333	Reg. Dist. No.
1. PLACE OF DEATH G. COUNTY  BALTO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY
b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)  LETHOPPL  C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If guiside corporate limits, write RURAb and give nearest tawn)  5/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS ON A FARM? YES \( \sum \) NO \( \overline{\overl
3. NAME OF DECEASED (Type or print) Charles Dans	Last d. DATE OF CATCH 2 Day Year 1959
Male Whole WIDOWED   DIVORCED	DATE OF BIRTH  9. AGE (In years loal birthday)  Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUST during most of working ite. even its stind)	RY M. BIRTHBLACE ISlate ar fareign country 12. CITIZEN OF THAT COUNTRY?
13. FATHER'S NAME Barangai	14. MOTHER'S MAIDEN NAME  Lathern Gli
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. 69 unknown)   If yes, give wor or dates of service)   WWW.	Rathering Barany
18. CAUSE OF DEATH [Enter only one cause per line for (o); (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Thumbrie ONSET AND DEATH
Canditians, if any, which) (b)	Much lan disease
gave rise to immediate cause (a), stating the underlying cause last. (c)	
CCAT	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
CAUSE OF DEATH.	nter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Focta at work at work at work	CE OF INJURY (Home, farm, 20f. (City ar town) (Caunty) (State)
21. I certify that I took charge of the remains described above	ve, held an Autopsy . Inspection . Inquiry . and find that
death resulted from: Natural causes , Accident , Suice	cide [], Homicide [], Undetermined cause [].
SIGNATURE LE LA COMPANY	_M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S GEO, S. M. KIEFE	RASSISTANT MEDICAL EXAMINER AMUS 25
220. BURIAL CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR COMPANY 14-25-59 LOUGEN F.	CREMATORY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
HOWING IT NUDDAKO TILL YHILLEH	(5 /4 DATE APR 27 59 ariling & House

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FOR STATE HEALTH-DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory please execute the certificate word "pending" in pending in them, 18. Give Pages 1, 2, and 3 ta the funeral it for. Page 4 should be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for our files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Healthman its designated agent, prior to burial, cremation, or removal, and it any event within 72 hours after death.

VS. A15ME 5M 2/57

2

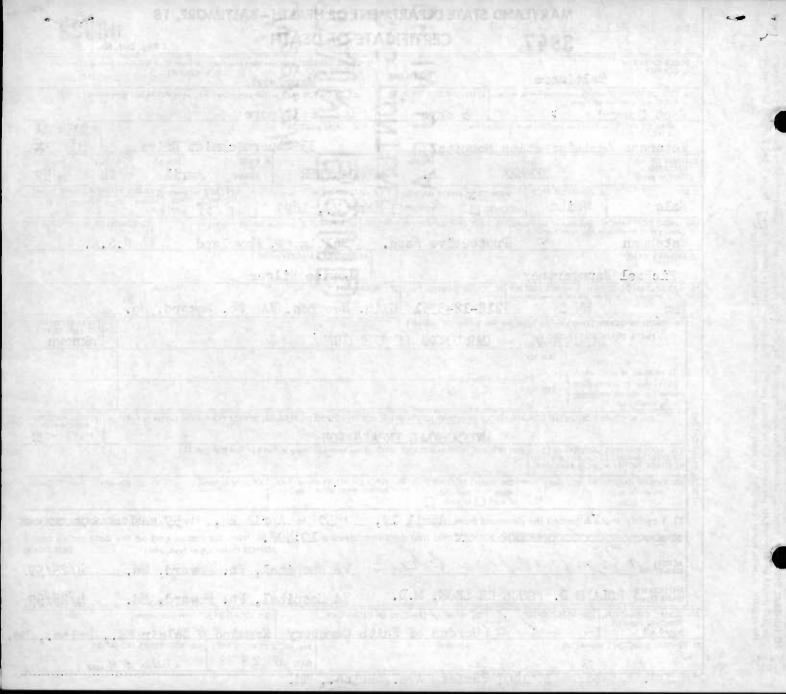
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3924 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03922

	Reg. Dist. No.					
1. PLACE OF DEATH o. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b. COUNTY Baltamore					
b. CITY OR TOWN   It outside corporate limits, write BURAL and give neglest land.  Dundalk  Lyr.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  53 Dundalk					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  8232 Kavanaugh Road	d. STREET ADDRESS  8232 Kavanaugh Road  e. 15 RESIDENCE ON A FARVA YES \( \subseteq \text{ NO.45} \)					
3. NAME OF DECEASED (Type or print) Alma E . E	Bare Lost 4. DATE Month Day Year OF DEATH APRIL 11 1959					
5. SEX Female  6. COLOR OR RACE White  7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF BIRTH Sept. 19, 1882  9. AGE (In years lost birthday) 76 yrs.  IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRING most of working life, even if retired) HOUSEW 1	STRY 11. BIRTHPLACE (State or foreign country)  Kentucky  U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Hiram Jones	Unknown					
[Yes, no, or unknown)   [If yes, give wor or dates of service)	ra. Leona Smith 8232 Kavanaugh Rd. 22					
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  UE TO  Conditions. if any. which gove rise to immediate cause (a), stating the underlying cause tast.  Conditions. If any. which (b)  OUE TO  Conditions. If any. which (b)  OUE TO  Conditions. If any. which (c)  OUE TO  OU	ged anterio felessis 30 years					
CAR	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO					
200. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED.   CAUSE OF DEATH.	(Enter nature of injury in Port I or Port II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED 20e. PL. While Not while for work of work	ACE OF INJURY (Hame, form. 20f. (City or town) (County) (State) ctory, street, affice bldg., etc.)					
21. I certify that I taak charge of the remains described abopinion death resulted from: Natural causes (). Accident  ACTUAL SIGNATURE  EXAMINER'S  ACCIDENT  ACCIDENT						
220. BURIAL CRÉMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF Maysville						
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  JOHN J. DUDA 7922 Wise Ave. 22, N	1d. DATE APR 20'59 Christon & Known					

950211	CERTIFICATE OF DEATH	AMEDICAL EXAMINER'S	
			ALTER STATE OF THE
		ALIAN STOLLE STOLL AND ALIAN STOLLAR	-00-00 HE 1716
	Deet Hone town 5100		DESCRIPTION OF A LOSS OF A
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	and an entering a compension of the		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 18 Film 241 4-30-59 ams CERTIFICATE OF DEATH Rea. Dist. No director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY filed b. COUNTY Baltimore MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be. RURAL and give nearest town) O Baltimore Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 33 Bauernschmidt Drive YES NOT NAME OF Middle 4. DATE Month Year OF DEATH HERMAN BAUMGARTNER 10 59 (Type or print) April 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last, birthday) Months Male White WIDOWED [7] DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Protective Assn. U.S.A. Watchman Baltimore, Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Baumgartner Louise Kilgus 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) Yes Clin. Records, VAH Ft. Howard, Md. 218-12-3351 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARCINOMA OF THE LUNG. Unknown IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? MYOCARDIAL INFARCTION YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Day, Year 20f. (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) While Nat while at work p. m 21. I certify that Vattended the deceased from April 19 1959, to April 24 1959 hardens property of the control attreaspectation of the date stated above at 10:10PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Fen M.D. VA Hospital, Ft. Howard, Md. should FUNERAL I ROLAND D. PONCE DE LEON, M.D. VA Hospital. Ft. Howard. Md. 4/25/59 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge REMOVAL (Specify) Garden of Faith Cemetery Kenwood & Belair Rd., Balto Burial 10 23. FUNERAL DIRECTOR'S SIGNATURE VS A15 (4) DATE APR 2 9 '59 arthur & Krauge 15M 10/57 Eastern Ave., Balto., Md.



YLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

The ending about the contract of the second The County Segretary Revealed Revealed

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 3949 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Baltimore b. COUNTY Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town Parkville rodoers torae d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 2606 Wentworth Road Hrmacost Home 2 NAME OF Middle OF DEATH trank (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months DIVORCED T WIDOWED | male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Jugoslavia
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME requires that the death certificate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Magdalena Beierli, 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Cardio-respiratory failure IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which pneumonia gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY generalized and cerebral arteriosclerosis. Old cerebra-vascular 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not while of work of work 4-9-59 12-27-58 21. I certify that I attended the deceased fram. and that death occurred at 7:10 am, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stote) ACTUAL should 6231 York Road, Baltimore 12, Md. PHYSICIAN'S Jr., M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 240. REC'D BY REGISTRAR Hartord Road #14 DATEAPR 1 3 '59 arily & Kaya

. IS RESIDENCE

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(County)

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DATE SIGNED

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

03926

3950	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Balt imore	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institu b. COUNT	TY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURA) and give negrest town)	c. LENGTH OF STAY IN 1b		utside corporote limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION Pines, 16 Fus		d. STREET ADDRESS Formerly of	6 Overbro	ok Rd. e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Louisa M.		Last	4. DATE MC OF DEATH Apri	onth Day Year 1 11/59 19
Female   6. COLOR OR RACE   7. MAR   WIDOV	VED DIVORCED	8. DATE OF BIRTH  March 8.18		Months Doys Hours Min.
	NIND OF BUSINESS OR INDU	Baltimon	re, Md.	12.CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Leonhard Lehr		14. MOTHER'S MAIDEN N. Unknown		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give war or dates of service)		hn H. Berger		idge Rd.Catons=
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	eliebral (	Thempreia	VIII.	e 28 INTERVAL SETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the under-	terio cherte	Gu. Di	sease.	?
Iying couse lost.   (c)	CONTRIBUTING TO DEATH BUT			SIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. Hour o. m.	-	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State
21. I certify that I attended the decedrative an Charles 19  ACTUAL SIGNATURE ACTUAL SIGNAT	59, and that death	accurred at 10:16	M, fram the causes a ADDRESS (Street, city or town	10 age 4/13/59
220. BURIAL, CREMATION, REMOVAL (Specify)  BURIAT  April 14/E	22c. NAME OF CEMETERY OF LOUGON PO		22d. LOCATION (City, town, Baltimore	
Wittzke Funeral Directo	ors ADDRESS	24a. REC'D		GISTRAR'S SIGNATURE

TO HOSPITAL OR VS A1S (4) 15M 9/58

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 3951 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY QR\_TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS 6,2 NAME OF Middle 4. DATE DECEASED DEATH (Type or print) 9. AGE (In years lost birthdoy) yrs. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX SODATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address 1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, Doy, Year 20d. INJURY OCCURRED 20f. (City or tawn) factory, street, office bldg., etc.) Haur o. m While Not while

at work of work

(County) (State)

e. IS RESIDENCE

YES NO P

Yeor

19

Hours

INTERVAL BETWEEN

PERFORMED? YES NO

DATE SIGNED

21. I certify that I attended the deceased fram Action

1957 that I last saw the deceased , and that death occurred at \$1367-M, from the causes and on the date stated above.

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION.

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, lower, or county)

ADDRESS (Street, city ar town, state)

(Stote)

23. PUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

ADDRESS

24g. REC'D BY REGISTRAR DATAPR 3 0 '59

24b. REGISTRAR'S SIGNATURE Orthon & the

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MADYLAND STATEDERARTMENT OF HEATH-BALTIM ORE, 18

VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3952 CERTIFICATE OF DEATH

03928

Reg. Dist. No.

		D. COUNTY PAULTO . 19 . MARYL	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
	b	S. CLTY OR TOWN (If outside corporate limits, write RIPAIL and give nearest town)  Shawawa O+  3 > 43	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	1	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR THYSTITUTION  SUPERMILL GIVE	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \no \sum \)
	(	NAME OF DECEASED Type or print VINCENTY. WM. B	IELAWSKI DEATH april 15 1959
	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	ost Wyfday) Months Days Hours Min
	-	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Stell Woukly Me	ill Poland . U.S.A.
	13. 1	Vincenty Bielawske	Mary anna Lezarowica.
	15. '(Yes.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 10. or unknown) (If yes, glad wor or dates of service) 2/307 2863	
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	yocardial Failure ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  (b) Provided  (b) Provided  (c)	al astha. Typo
,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \( \sum \) NO \( \sum \)
ł	Ü	20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter noture of injury in Port I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 20d. INJURY OCCURRED 2 While Nat while of work 01 work 19	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (Stale)
		ACTUAL LOUIS N. S. O.	death accurred at 730 M, from the causes and an the date stated above ADDRESS (Street city or town, state).  DATE SIGNED
/		PHYSICIAN'S LOUIS N. TOLLIN	N Balto 19 md
	220.	BURIAL, CREMATION, 22b. DATE, THEREOF 22c. NAME OF CEMET FRANCIS AL 4/18/59 ACRES	ETERY OR CREMATORY 22d. LOCATION (City, town, or county) Heart of MARY GERMAN HILL Rd BALTO MA
	23. 1	Tease a Weber 705 & G	Am 12 DATE APR 1 6 '59

CERTIFICATE OF DEALY  should be

and campletely filled in by

death: Page 4

**ATTENDING PHYSICIAN:** The faw requires that the death certificate be executed within 24 haurs after

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3953

CERTIFICATE OF DEATH

03929

		<b>GERTINIO</b>	TIL OF DEATH		Reg. Dist. No.
1, PLACE OF DEATH  o. COUNTY  Baltimos	re .	MARYLAND	2. USUAL RESIDENCE (W Maryland	here deceased lived. If institut b. COUNTY B#	tion: Residence before admission)
b. CITY OR TOWN RURAL ond give Catonsv.	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write l	RURAL and give nearest town)
d. NAME OF HOSE OR INSTITUTION Spring (	PITAL (If not in hospitol, give street Grove State Hosp	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES DO NO
3. NAME OF DECEASED (Type or print)	Natalie	Middle	Lost Blum	4. DATE Mo OF DEATH Apr:	onth Day Year
Female	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 28 9 yrs	Months Days Hours Min.
during most of we	TION (Give kind of work done 10b orking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (STOTE		12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME			14. MOTHER'S MAIDEN		
HERM	FN WETHE		BERTHA	levy	
1S. WAS DECEASED E	(If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. I	HOSPITH/	RECORDS	dress
PART I. D  3 5 3.  Conditions, if gove rise to couse (a), statin lying couse los	immediate g the under- t. DUE TO (c)	Congestive Status G	Heart	t-ailure s	INTERVAL BETWEEN ONSET AND DEATH
CATIC	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	IVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTION	VAS UNDERLYING THE 20b. DESTINATION OF DEATH FY MEDICAL EXAMINER)	None	D. (Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJI Hour o. m p. m	. While	Not while for	ACE OF INJURY (Home, for the story, street, office bldg., et	n, 20f. (City or town)	(County) (Stat
	that I attended the decear pril 19, 19	sed from March 17	7, 15	A_M, from the causes	that I last saw the decea
ACTUAL SIGNATURE	78 Am	kard	M.D. Spring	ADDRESS (Street, city or town, Grove State Ho	1,_10_50
PHYSICIAN'S NAME (Type)		Drinkard, M.D.	Catonsv	ille, Md.	
720. BORIAL, CREMAT	100 226. DATE THEREOF 14-20-59	Yestew F	recuesty	22d. LOCATION (City town,	ito Zad
23. FINERAL DIRECTO	SIGNATURE 2100	NORESS P	24a. R/C		SISTRAR'S SIGNATURE CLITHUM & PRINCE

DATE

may be retained to hospital ar attending physician.

D FUNERAL DIRECT: After this certificate has been signed by the attending physician a page 3 shauld be detached for use as the burial-transit permit. Then please remave carbs the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after may be retained TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 1SM 10/57

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P 3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY ed b. COUNTY BALTTIMORE MARYTAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) should Fort Howard, Maryland NOR TH BEACH d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Veterans Administration Hospital Bay Avenue. Box YES NO K 3. NAME OF First Middle 4. DATE Month Yeor DECEASED April R. Bodmer 19 59 DEATH (Type or print) George 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years lost birthdoy)
60 yrs. 5 SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Days Hours Male White WIDOWED | DIVORCED T April 29, 1898 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Construction Maryland Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Bodmer Carrie Wiles 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending p Clin Records Vet. Adm. Hospital. Ft. Howard, Md. WW II Yes 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIO RESPIRATORY FAILURE UNKNOWN MMEDIATE CAUSE (o) DUE TO ACUTE BRONCHITIS Conditions, if ony, which UNKNOWN gove rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES NO A 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 204 INJURY OCCURRED 20f. (City or tawn) (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while of work of work p. m 21. I certify that I attended the deceased from April 8 and that death occurred at 12:10A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL pe prior VAH, Fort Howard, Maryland FUNERAL DINE PHYSICIAN'S NAME (Type) HIRAM B. CURRY VAH, Fort Howard, Md. 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Arlington, Va. Burial Azlington National 0 23. FUNERAL DIRECTOR'S SIGNATURE
SUMMER BUSINESS ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) DATAPR 1 3 '59 HOME, 1661 Good Hope Rd. SE 15M 10/57

Washington, D. C.

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MARYEMAN SEATH REPARTMENT OF HEALTH CALIFORNIE THE "LITTLE OF THE AND THE PROPERTY OF THE PROP TOTAL VINE barroll of the Landscott replacement by remaining the with the calculated have to all the first the superior allows page and the calculations of the calculation har rent there you stook to be a real to be a Land to the state of the state The manufacture of the control of th and the second second second

## OR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certific writing the word "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral of property and 2 should be fared to the Chief Medical Examiner's Office olang with farm PM3. Page 5 may be retained for our files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages fond 2 with the State Board of Health, or its designated agent, prior to buriol, cremotian, or removal, and in any event within Pendous after death.

VS. A15ME 5M 2/57

10

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3955 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 31

1. PLACE OF DEATH a. COUNTY	altimore		MARYLAI	0.51			b. COUNT			ission)
b. CITY OR TOWN Jiff and give nearest town	outside corporate limits, write	RURAL C.	LENGTH OF STAY IN	1b c. c	TY OR TOWN (I	If outside cor	porole limits, write er (20)		A. T	wn)
d. NAME OF HOSPIT	at or institution (if asting Lane	P. Carrier	The state of the s		REET ADDRESS		Lane, Tr	ailor	ON	A FARM?
3. NAME OF DECEASED (Type or print)	Ernest	Lvnwoo	Middle d Bowles		Lost	4. DATE OF DEATH	April			Yeor 19 <b>59</b>
5. SEX	6. COLOR OR RACE		NEVER MARRIED		BIRTH 28, 1886	6	9. AGE (In years last birthday) 73 yrs.	Months Do		Min.
10a. USUAL OCCUPATION during most of working Sheet Meta	ON (Give kind of work do g life, even if retired) 1 Worker	100	of BUSINESS OR INC				country)		S.A.	COUNTRY
13. FATHER'S NAME Samuel B	owles				HER'S MAIDEN			5 A		
	ER IN U. S. ARMED FOR	Hoice)	6-05-9699	7. INFORMAL			Address			
PART I. DEA  420. I  Canditions, if a gave rise to imme (a), stating the cause tost.	diale couse	Core	nary o		ER TO THE TERM		E CONDITION GIV		INTERVAL NETWO	
PART II. OTH	OPERATE 206	DESCRIBE H	2-14-5 OW INJURY OCCURRED	D. (Enter notu	DIADE  of injury in Po	fes.	of item 18.)		YES [	но В
Y 20c. TIME OF INJU Hour o. m. p. m.	19	While at work	Not while at work	factory, street	JURY (Hame, farr , affice bldg., etc	c.)		(Count		(Stole)
/	resulted fram: Na Web			M.D. C	d an Autope uicide	Hamicide  EXAMINER C  CAL EXAMINE		ermined mo	nner 🗌	signed
270. BURIAL, CREMATIC REMOVAL (Specify BURIAL) 23. EUNERAL DIRECTOR	4/6/59	22	Oak Lawn C		у		TION (Cily, lawn,	Id .	(Slo	te)
Javille	dzinski/140	7 East	ern Ave.			APR 6	'59	Irthur S.	Terana	

ST. TO OMITIATE HELIADH TO EXEMPTIA THE STATE CHALLY SAM MEDICAL EXAMINER'S CERTIFICATE OF DEATH STATE OF TO SERVICE SEAL CONTRACTOR VICE SE ourefelenoliers count entimates we the lating the sector Live to the The sa section design on the Out I am Camer my CONTROL OF THE CONTROL OF THE PARTY OF THE P

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VS A15 (4) 15M 10/57

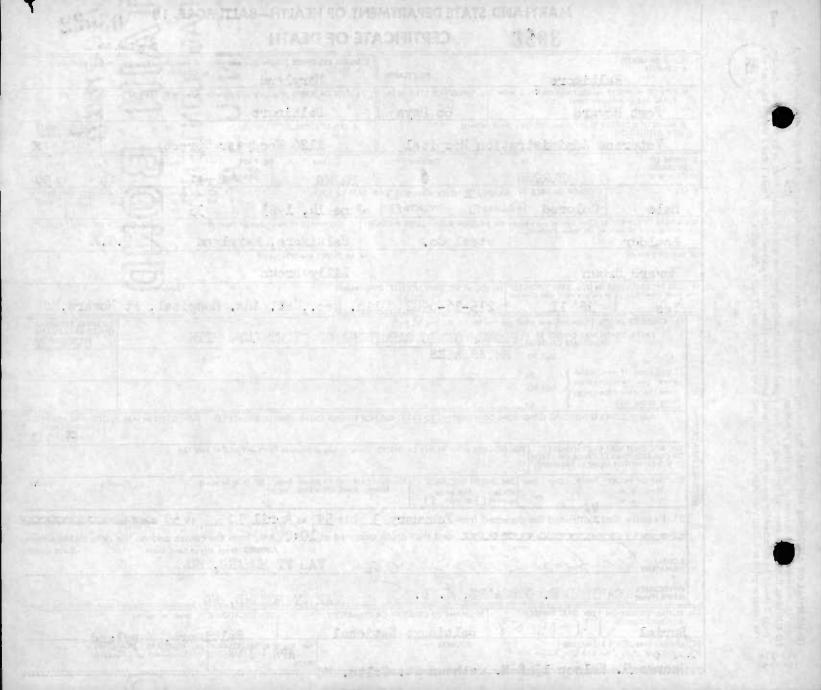
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3956

Reg. Dist. No.
USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     a. STATE     b. COUNTY
Maryland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Baltimore 3V01-4
d. STREET ADDRESS   e. IS RESIDENCE
1126 Woodyear Street ON A FARM? YES □ NO 🖸
Last 4. DATE Month Day Year
BROWN DEATH April 10 1959
DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
June 14. 1923 last birthdoy) Months Doys Hours Min.
RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Baltimore, Maryland U.S.A
14. MOTHER'S MAIDEN NAME
Lilly Brown
FORMANT Address
in. Rec., Vet. Adm. Hospital, Ft Howard, Md
INTERVAL BETWEEN
NOMA OF RIGHT LUNG WITH ONSET AND DEATH UNKNOWN
VIANO MA
FOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PERFORMED?
YES NO
(Enter nature of injury in Part I or Part II of item 18.)
CE OF tNJURY (Home, form, 20f. (City or town) (County) (Stote)
pry. street, office bldg., etc.)
, 19.59, to April 10 , 19.59, Mappenson Conscionation
occurred at 10:20AM, from the causes and an the date stated above
ADDRESS (Street, city or town, state) DATE SIGNE
D. VAH FT HOWARD, MD
VAH FT HOWARD, MD
CREMATORY 22d. LOCATION (City, town, or county) (Stote)
ionel Date of a
ional Baltimore Maryland
240. REC'D BY REGISTEAR 24b. REGISTRAR'S SIGNATURE



7 /	
KL	

1. PLACE OF DEATH

NAME OF

(Type or print)

-emale

13. FATHER'S NAME

b. CITY OR TOWN (If outside carporate limits, write

during most of working life, even if retired)

6. COLOR OR RACE

10o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INI

RURAL and give neorest town)

d. NAME OF HOSPITAL OR INSTITUTION

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFIC

()	3	9	3	3

3957

Middle

DIVORCED

c. LENGTH OF STAY IN 18

MARYLAND

:/	ATE OF DEATH		Reg. Dist. N	) <del>3 3 3</del>
-	2. USUAL RESIDENCE (Where deceased a. STATE MARY 9 No.	b. COUNTY	Residence bet	
,	c. CITY OR TOWN (If outside corpor		V ( /	earest lawn)
	1 d. STREET ADDRESS 57	reeT		e. IS RESIDENCE ON A FARM? YES NO
	Brown 4. DATE OF DEATH	April	30	7 1939
	8. DATE OF BIRTH NOV 9, 1904	9. AGE (In years last birthday) 5 4yrs.	Months Boys	Hours Min.
U	STRY 11. BIRTHPLACE (Stole or foreign co	ountry)	12. CITIZEN	OF WHAT COUNTRY?

elicia WavenforT

WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address  Address  Address  Address  Address	dale Ral
18. CAUSE OF DEATH [Enter anly one couse per line for (a). (b). and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  LORONGRY  Thrombesia	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which by HyperTensive and 10-Vasauba Min	5-40
gove rise to immediate cause (a), stating the under-tying couse last.  DUE TO Dealers MelliTus	10 ym
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED?

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED

WIDOWED |

14. MOTHER'S MAIDEN NAME

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.

(County)

Haur o. m Not while of work

(State)

1957, that I last saw the deceased 21. I certify that I attended the deceased from. and that death occurred at\_6\_ M, fram the causes and on the date stated above. DATE SIGNED

PHYSICIAN'S NAME (Type)

22d. LOCATION (City, town, or county)

(State)

ELINEAN DIRECTOR'S SIGNATURE

BURIAL, CREMATION,

REMOVAL (Specify)

ADDRESS

Carver Memorial Park

Baltimore Co., Maryland 240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

arily & Krous

VS A15 (4) 15M 9/55

M 1 1 5 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CERTIFICA	* FOR	
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				ON THE STATE OF THE
				The State of
		The man in the same		
Residence of the Roll of the R			of earl to Lewise 1 to 15	
	Superior a			
		S Sell		
Section 1 (5) encertated	Straig Carro	Tayen de		

# TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician. NSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

10.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 3958 CERTIFICATE OF DEATH

1. PLACE OF DEATH		2 HEHAL PECIDEN	CE (HOME) OF DECEA	rist. No
COUNTY Baltimore				
MA	TH OF STAY	STATE Marylan		
OR and give naarest town) (in	this place) YIS	OR	ete limits, write RURAL end give	neerest town)
HOSPITAL OR 133 Pleasant Hill : STREET ADDRESS Owings Mills, Md. RYD	Rd.	STREET	(If rural give location Pleasant Hill	
3. NAME OF (First) (Middle) DECEASED	(L	.a st)	4. DATE (Month)	(Day) (Year)
(Type or Print) Joseph Francis	s Bro	wn	DEATH 4/	23/59
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF B	IRTH   S	AGE last birthday   IF UN	IDER 1 YEAR   IF UNDER 24 HR
Male   White   (Specify) Married		26/1879	79 yrs. Month	ns Deys Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, evan if OR INDUSTR		BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT
retired Retired Farmer His own		arroll County	, Md.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Francis Brown		Lavina	Feeser	
	L SECURITY NO.	17. INFORMANT & A	DDRESS Rd. Owing	s Mills.Md.
Yas, no, or unk.) (If Yes, give war or dates of service) 199—	01-8723	Mrs. Claud	e H. Miller, 1	33 PleasantHil
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	MEDICAL CERTIF	FICATION		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	trie ham	whase		la line
40.0 ANTECEDENT CAUSE(S) DUE TO	uc func			VADE:
DISEASES OR CONDITIONS, IF ANY, (B)	ie Mce	2		2 mg.
GIVING RISE TO THE ABOVE CAUSE DUE TO				
(C)  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosa	lerotie CV.	Disease		yeurs
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPER				20. AUTOPSY?
A COUNTY MADE IN DESCRIPTION OF THE PROPERTY O				YES NO
1e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, DR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY straet, office bldg if EITHER, NOTIFY MEDICAL EXAMINER)	factory, 21c.	WHERE DID INJURY OCCUR	? (City or town) (C	County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY While M. et work	OCCURRED 21f. Not while et work	HOW DID INJURY OCCUR	7	
22. I hereby certify that I attended the deceased fro	m Jan.	1950 to AA	rul 23 1059 the	t I last saw the decease
alive on April 23., 1959, and that de	eath occurred at 9	30 PM from the a	uses and on the date of	in a last saw the decease
SIGNATURE		ADDR	ESS (Street, city, town, stete)	DATE SIGNE
Martin E. Stroke	M.D. 48	main St. X	cinter tour	m1 4/131
23. BURIAL, CREMATION, PARE THEREOF NAME (SPECIFY)	OF CEMETERY OR CRE	MATORY	LOCATION (City, town, or con	unty) (State)
Description	. Marys Cem	etem	Cityer Dun C	arroll Co M
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	- Mary's Cellin	25. FUNERAL DIRECTOR'S S	Silver Run, C	ADDRESS
DATE APR 27'59 Critism & Haus	1/	Virland A		tlestown. Pa.

MARYLAND STATE DEPARTMENT OF MELEN-BALTHOROUS, IS

PERSON

## HYARG TO STADRITH SEE

4.0 THE CASE PROPERTY OF THE PARTY the That there was not been · War and a street of the color. THE RELEASE OF THE THE TOTAL STREET A IL BOSON SO STORY ON THE STORY OF MENT OF STORY Commence of the contract of th Address of which and the property of the Latter of the Latter of the property of the country of the latter of the country of the latter of the constant the service Contraction of the last of the · ALLON TOTAL CONTROL OF THE STREET

SKODOURSEN

		3051	MD 2	CERTIFICA	ATE OF D	EATH		IIMOKE, I	Reg. D	() E	393	5
1.	PLACE OF DEATH	ltimore		MARYLAND	2. USUAL RESID	Md.	ere deceased	d lived. If institution b. COUNTY			re admissi	on)
	b. CITY OR TOWN (IF RUPAL and give ne Catorisvi	outside corporate limits, w great town)	rite c	LENGTH OF STAY IN 16	e. CITY OR T		utside corpo	rate limits, write R	URAL ond	give ned	rest lown	
	d. NAME OF HOSPITA OR INSTITUTION HOUSE IN	the Pines-1	6 Fu	dress) Isting Ave.	d. STREET A		s St.				e. IS RES	FARM?
	NAME OF DECEASED (Type or print)	First ELIZ	ABET	Middle L.	BURKE		4. DATE OF DEATH	Mon	pril	17,	,	9 59
	female	white w	DOWED		B. DATE OF BIRTH	1878		9. AGE (In years lost birthdoy) 80 yrs.	Months Months	Doys	Hours	R 24 HRS. Min.
	Cashier	ing lire, even ir refired)		nd of Business or Indu Inknown	Md.	•		ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
15.		IN U. S. ARMED FORCES		OCIAL SECURITY NO. 17.	Margai Mormant			S	ress			
(14	-	If yes, give war or dates of service  FH [Enter only one couse			Self					Live	RVAL BET	
CERTIFICATION	Conditions, if on gove rise to in couse (o), stoling t lying cause lost.  PART II. OTH  200. ACCIDENT WAY	ER SIGNIFICANT CONDITION  ER SIGNIFICANT CONDITION  ER SIGNIFICANT CONDITION  EN SIGNIFICANT CONDITION  COURSE OF DEATH  CAUSE OF DEATH	ONS CON	TISTATIC  NTRIBUTING TO DEATH BUT  TAID VISCE BE HOW INJURY OCCURRE	Carcin	THE TERMIN	NAL DISEASI			3 + 3	yea	OU F S
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	19	Vhile I work	Not while for ot work	ACE OF INJURY () clory, street, office	dome, farm, bldg., etc.)	20f. (City	or town)	(	(County)		(Stote)
	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	2.59 xthan R	19	from 10.21.4.  ,, and that death  Asia  USIN . IMD.		5.6	_M, fron	59, 19 In the causes of reet, city or town,  Md.	nd an t	he da	le state	d abave
	Burial, CREMATION REMOVAL (Specify) Burial	1, 22b. DATE THEREOF		New Cather				NON (City, town, o			(Stote	)
23.	FUNERAL DIRECTOR'S	Signature	19	Sous-Ba	Sto. 17	24a. REC'D	BY REGIST		other d			
	V				una							

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Transfer and the particular and the second of		
		Corte as line
The second second		
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The second secon	A CARLON	AND AND
	and a series of the series of	

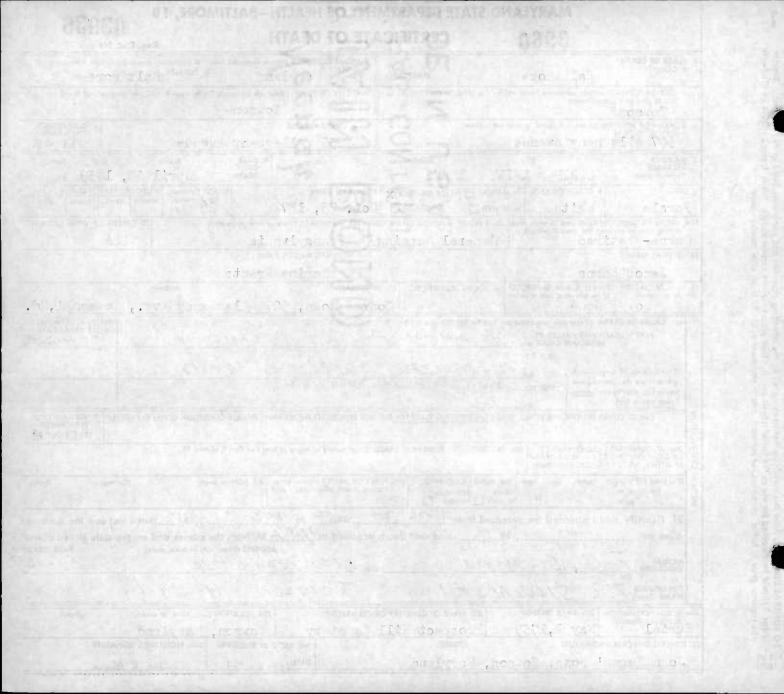
13

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
3960	CERTIFICATE OF DEATH	-

03936

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  TOWSON	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Towson
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 507 Alloghony Avenue	d. street address    507 Allegheny Avenue   e. is residence on a farm?   yes   no
3. NAME OF First Middle (Type or print) DORIS EMILY BURNS	Lost 4. DATE Month Doy Yeor OF DEATH April 30, 1959 19
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH Oct. 25, 1872  9. AGE (In years lost birthday) 86 yrs.  IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Nurse-retired  General Nursin  13. FATHER'S NAME	
Jacob Burns	Katherine Krantz
(Yes, no, or unknown) (If yes, give wor or dates of service)	INFORMANT Address onrad Sohn, 507 Alleghenay Ave., Towson 4, Md.
lying couse last. (c)	ARTERY OCCLUSION ONSET AND DEATH HOUR ARTERIOSCALEROSIS  EXTENSION  IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO PED. (Enter noture of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of twork of twork of two the state of two two the state of two two the state of two	LACE OF INJURY (Home, form, actory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from APICIC 3 alive on	h occurred at 730 AM, fram the causes and an the date stated above  ADDRESS (Street, city or town, state)  M.D. 17 W. PENNA. AUE  TOWSON 4 Md
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial May 2,1959 Prospect Hill:	
John Burns' Sons, Towson, Maryland	DATEMAN 4 159 Cachus & Kana



VS A1S (4) 1SM 9/SS

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3961

**CERTIFICATE OF DEATH** 

(13937 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY  )   1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE (1)
Baltimore MARYLAND	6. STATEMENT Baltimore
b. CITY OR TOWN (It outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
White Hall 1241s	X White Hall
d. NAME OF HOSPITAL (If not in hospital, give street address	d. STREET ADDRESS 4 O / • IS RESIDENCE ON A FARM?
or instroyon  Travstone Rd.	Travslone Kd YES NO.
3. NAME OF Middle	Lost 4. DATE Month Day Yeor
DECEASED (Type or print)	BUTTE DEATH ADVIL 12 195
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HR
WIDOWED DIVORCED	October 2, 1886 Jost bothdoy) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if refired)	White Hall, Md. J.S.A.
13. FATHER'S NAME HENRY P BYINGS	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. of untroom) (If yes. give wor or dotes of service) 7/7 077916	Tayline Mr. Burns White Hall
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CArdis VASU	AAF disease ONSET AND DEATH
DIETO O	1
(Conditions, if ony, which) (b) Westete,	Mellitus
gove rise to immediate (	711
lying couse lost.	- right fant
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. ACCIDENT WAS UNDERLYING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	UT NOT RELATED TO THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	RED. (Enter noture of injury in Port I or Port II of item 18.)
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State office bldg., etc.)
21. I certify that I attended the deceased from.	125, to WM. 12, 1959, that I last saw the decease
alive an Ochully 1959, and that deat	th accurred at 8100P.M. from the causes and on the date stated abo
	APDRESS (Street, city or town, stote) DATE SIGN
SIGNATURE M. France	MD. Tarkton and 4/14/
PHYSICIAN'S A.M. FRANCE	
220- SURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (REMOVAL (Specify) ADTI/5/959 VISC DUI	OR CREMATORY 22d. LOCATION (City, town, of county) (State)
25. FUNELAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS TO A DOLLAR TO A	240 REC'D BY REGISTRAR 24b. REGISTRAR'S STONATURE
Jane Jane Jane Janes Jan	), VAC, IMIL

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Y MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is recessary, please executificanting the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be	5	AL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior ta burial, cremation,	
20		SEC	
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VS. A15ME(5) 5M 9/55

Į t	ems 18-2			TATE DEPAR						18 Reg. Dist. 1	338	3
1.	PLACE OF DEATH	Baltimore		MARY	LAND	2. USUAL RESIDE	NCE (WH		d lived. If Institut		pefore adm	nissian)
	and give neorest low	If outside corporate limits, writen) Catonsville	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Washington  47 × 3					awn) 🗸	
		TAL OR INSTITUTION (			1)	(0)				10	RESIDENCE A FARM?	
	NAME OF DECEASED (Type or print)	Fir		Middle		Last		OF DEATH	Month	100.2	•	Year
1	SEX		7. MARRIE	D NEVER MARRIED	□ 8.	DATE OF BIRTH	4		Apri P. AGE (In years	IF UNDER TYEA		19 59 DER 24 HRS.
	Female	Colored	WIDOWED			October 1	8, 1		/36 31yrs.	Months Days	Hours	Min.
100		ON (Give kind of work ong life, even if retired)		nd of Business or I	NDUSTE					12. CITIZEN	OF WHAT	COUNTRY?
13.	FATHER'S NAME	53		0. 0143		14. MOTHER'S MAI			100 VIII 8			
	Harry Low	erv				Georgi	ia B	urrell	70900			
15 (Ye		/ER IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO.	17. IN	FORMANT			Address	Wash;	D.C	•
L						Kenne	eth !	M. Bvi	on 523	35 2nd S	tree	t. N.W.
	823 > Conditions, if a gove rise to imme (a), storing the cause last.	underlying DUE TO		embolism			inju	ries		atic	SET AND D	
CERTIFICATION	PART II, OT	HER SIGNIFICANT CON	DITIONS CO	NIRIBUTING TO DEATH	BUTN	OT RELATED TO THE	TERMIN	ALDISEASE	CONDITION GIVE	EN IN PART 1(o)	19. WAS PERF	AUTOPSY ORMED?
	20g. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH	USE WAS INTRIBUTING   20		o ran off			in Part I	ar Part II a	f item 18.)			
MEDICAL	20c. TIME OF INJU Hour a.m. 5:00 XPKME		While	Nat while at wark	facto	E OF INJURY (Homory, street, affice bld	e, farm, g., etc.)	20f. (City o	or tawn)	(County) Balti	more	(Stole) Md.
		hat I took charge I from: Natural					itopsy icide		pection, determined co	1 - / -	], and	find that
E	ACTUAL	ault/	me	nh		M.D. CHIEF MEDI						SIGNED
	EXAMINER'S NAME (Type)	Paul F. (	lue rin	M.D.	13	DEPUTY MED				4	/20/5	7
220	BURIAL, CREMATIC	ON, 226. DATE THEREO	F	22c. NAME OF CEMETE	RY OR	CREMATORY	2		ON (City, tawn, a		(Sta	te)
	FUNERAL DIRECTOR	14/2/4/59		Arlington	Nat.				ington, V			
1	Ofeni	Heray	3:	30 H Street	, N.			P 2 3 '5		TRAR'S SIGNAT	-	

CHEST MEDICAL EXAMINER'S CERTIFICATE OF DEATH to be not began to make the surface of the property of the state of the state of CONTRACT DANS BUILDING 2465 NEW TO ASSESS TO BE AS MY COLOR TO A SWEET BY A PROPERTY OF THE STREET THE RESERVE THE PARTY OF THE PA

ST SHOWITENS REMEMBERS THEMEN ARRESTAT

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the attending physician and campletely filled in by the funeral director,	Then please remove carban popers. Pages I and 2 shauld be filed with	(
and campletely filled in	rban popers. Pages I ar	ter death.
the attending physician	Then please remove car	event within 72-hours after death

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ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the may be retained the hospital or attending physician.

TO FUNERAL DIR. OR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. The registrar prior to burial, crematian, ar removal, and in any expensive.

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3963

**CERTIFICATE OF DEATH** 

()3939 Reg. Dist. No.

1. PLACE OF DEATE o. COUNTY	Baltimore	MARY		USUAL RESIDENCE (WHO STATE			Residence befo Baltim	
b. CITY OR TOW	(N (If outside corporate limits, we nearest town) PKVILLE	rite c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF o		mits, write RURA	AL and give nea	arest town)
d. NAME OF HO	SPITAL (If not in hospitol, give s 7900 Elmhui	reet oddress)		d. STREET ADDRESS 7900 E	Elmhurst	Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First FRANK	Middle LEE	CH	IASE	4. DATE OF DEATH AP	ril 8	Do	19 59
5. SEX mal	e white wit	MARRIED NEVER MARRIE  DOWED DIVORCE	No No	v. 30, 1888		t birthdoy) M	onths Days	Hours Min.
ret-For		106. KIND OF BUSINESS OF Glidden Pa	int	Philadel	phia, F	e.	U.S.	OF WHAT COUNTRY?
13. FATHER'S NAME	Frank Cha	se	]	SU	isan Lee			
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)			mant ne Wagner	, sister	Address , 1811	Dunda	1k Ave.2
PART I.	DEATH [Enter only one couse   DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carcino for (o). (b), and (c).	7 A E	of Lun	G, vi	ht	INTI	ERVAL BETWEEN SET AND DEATH 2475
gove rise t couse (o), stol lying couse to	if ony, which o immediate ing the <u>under</u>			RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVEN	IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
	TING CAUSE OF DEATH	DESCRIBE HOW INJURY OF	CCURRED. (E	nter noture of injury in I	Port I or Port II of	item 1B.)		
Hour o.	m. 10 V	0d. INJURY OCCURRED Vhile Not while I work 0t work		OF INJURY (Home, farm street, office bldg., etc		wn)	(County)	(Stote)
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the dec	ceased fram	death ac	1957, to curred at 730	AM, fram the ADDRESS (Street, Co.	causes and	an the da	aw the deceased ite stated above DATE SIGNED
220. BURIAL, CREM.	ATION, 22b. DATE THEREOF 4/11/50	22c NAME OF CEME Oak Law	TERY OR CR	emajory netery	22d location Baltin	City, town, or 1	Mg,	(Stote)
23. FUNERAL DIRECT Charles 3531 Br		Funeral Ho	me	24o. REC*	B 1 3 '59	24b. REGISTRA	AR'S SIGNATU	RE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3964 CERTIFICATE OF DEATH Rea. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed Baltimore b. COUNTY MARYLAND Maryland CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 0 Fort Howard Trappe d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 20 Veterans Administration Hospital YES NO NAME OF First Middle 4. DATE Lost Month Year JAMES (Type or print) T. CHASE DEATH April 1959 16 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Male Colored WIDOWED DIVORCED T 35 yrs. a 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Farmer Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William E. Chase Dorphine Racks 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Yes Clin. Rec. Vet. Adm. Hospital Ft Howard, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: PORTAL CIRRHOSTS UNKNOWN IMMEDIATE CAUSE (o **DUE TO** gned by permit. Conditions, if any, which (b) gave rise to immediate DUE TO cause (o), stoting the underburial-transit p lying couse lost CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II af item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY IHome, form. 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour While Not while at work at work ., 19.59, to April 16 , 19.59, the colored contraction of 21. I certify that Kattended the deceased from April detach ä ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL priar VAH Ft. Howard, Md DIR 3 should the registrar PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 4-19-59 Williamsburg Cemetery Williamsburg. Burial Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) arthur & Krous Dashials Funeral Home Easton, Maryland DATE APR 21 '59 15M 10/57

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

3965 CERTIFICATE OF DEATH

Reg 13041

1. PLACE OF DEATH	LTIMORE	MARYLAND	2. USUAL RESIDENCE (WI			ce before admission)  LTIMORE
b. CITY OR TOWN (If RURAL ond give ne	outside corporate limits, write	c. LENGTH OF STAY IN 16 19 YEARS	c. CITY OR TOWN (IF	outside corporate lin	nits, write RURAL and g	give nearest fown)
d. NAME OF HOSPITA	AL (If not in hospital, give street o	oddress)	/ d. STREET ADDRESS Fuller ton			IS RESIDENCE     ON A FARM?     YES    NO    NO
3. NAME OF DECEASED (Type or print)	OLLIE	Middle C	415 40 LM	4. DATE OF DEATH	Month APRIL	Doy Yeor 25 19 59.
5. SEX	6. COLOR OR RACE 7. MARRI WIDOWE		8. DATE OF BIRTH 4-23-11	37.3 9. AG	E (In years birthdoy) Months yrs.	Doys Hours Min.
100. USUAL OCCUPATIO during most of working HOUSE	N (Give kind of work dane 10b. I ing life, even if retired)	KIND OF BUSINESS OR INDU	ha	or foreign country)		IZEN OF WHAT COUNTRY?
13. FATHER'S NAME	S LYSANDE	R HORNBERG	14. MOTHER'S MAIDEN P		VA KY	LE.
15. WAS DECEASED EVER (Yes, no. or unknown)	IN U. S. ARMED FORCES? 16. Styles, give war or dates of service)	SOCIAL SECURITY NO. 17.	Frank X	? Smit	e & - Cocy	Reysville, N
	TH [Enter only one couse per lin TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	• for (a), (b), and (c).]			1	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	by, which (b) ar	terio De	Recolic Car	dis		5 YEARS
	ER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PAR	T I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING   20b. DESC   CAUSE OF DEATH   MEDICAL EXAMINER)	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port 1 or Part II of	item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	While		LACE OF INJURY (Home, form octory, street, office bldg., etc		~n) (C	Caunty) (Stote)
21. I certify the alive on	value 7	0.29	h occurred at 7:13	4/24 4M, fram the ADDRESS (Street, c welle,	causes and an H	last saw the deceased the date stated above DATE SIGNED 4/25/59
PHYSICIAN'S NAME (Type)	Water T. Ke	es	Cocl	keysvill	e, Md	,
BURIAL, CREMATION	4-28-59	Abingdon C			City, town, or county) County, N	(Stote) Ad
Wm. Cook, I	signature nc., 1217 St.F	ADDRESS Paul Street	240. REC	D BY REGISTRAR R 2 8 '59	24b. REGISTRAR'S SIC	

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TO FUNERAL DIRE TO HOSPITAL OR

VS A15 (4) 15M 10/57

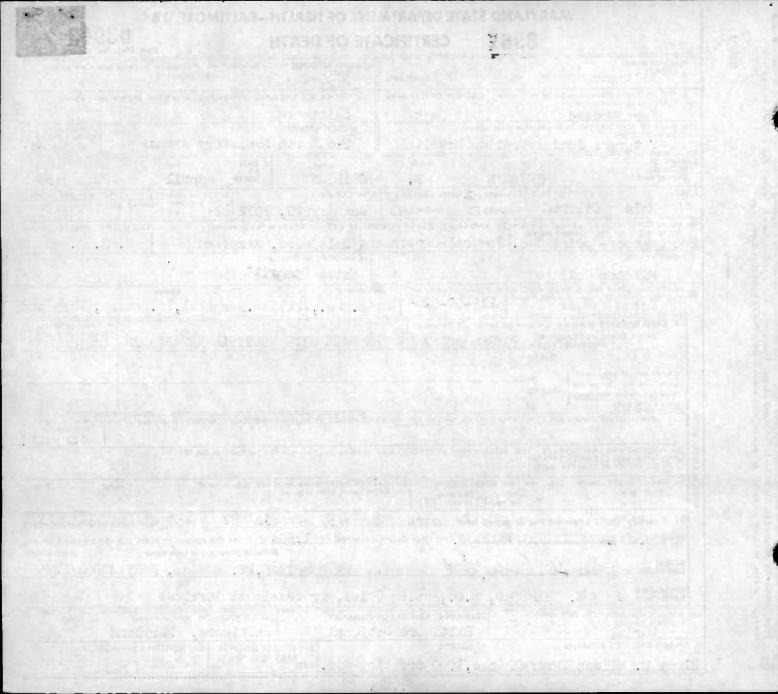
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3967 **CERTIFICATE OF DEATH**  03943 Reg. Dist. No.

1. PLACE OF DEATH COUNTY Baltimore		MARYLAI	o. STATE	rland	e deceased lived	. If institution	n- Residence b	efore admiss	sion)
b. CITY OR TOWN (If outside corpor RURAL and give nearest town)	ote limits, write	c. LENGTH OF STAY IN			side corporate lin	nits, write RU	RAL ond give	nearest tow	1) /
Fort Howard		29 Days	Balt	imore		3 V C	01-4		
d. NAME OF HOSPITAL (If not in he OR INSTITUTION	spital, give street	address)	d. STREET					e. IS RES	
Veterans Admi	nistrati	ion Hospital	206	North N	<i>lonaster</i>	y Aver	nue		FARM?
3. NAME OF DECEASED	First	Middle			DATE OF	Month		Day	Year
(Type or print)	BENJAMIN		COLLIN		DEATH	April			1959
		RIED NEVER MARRIED	B. DATE OF BIR	TH	9. AG	E (In years birthdoy)	Months Dov		
Male Colore			- Curren	W 2	1912 47	yrs.	Months Doy	s Haurs	Min.
10a. USUAL OCCUPATION (Give kind of during most af working life, even it	retired)						12. CITIZEN	OF WHAT	COUNTRY
Storekeeper-Social	Sec. Fe	ederal Govern	nment Balt	imore,	Marylan	id	U.	S. A.	
13. FATHER'S NAME				S MAIDEN NA					
William Colli	ns		Helen	Gambr	111				
15. WAS DECEASED EVER IN U. S. ARM	ar a sa		7. INFORMANT			Addre	255		
Yes, no. or unknown) Yes WW III	dates of service)	215-09-9268	Clin.Rec.	.Vet.Ac	dm. Hospi	tal,Ft	.Howar	d, Mar	ryland
18. CAUSE OF DEATH [Enter only	one couse per li	ne far (a), (b), and (c).]		*				NTERVAL BE	
PART I. DEATH WAS CAUS	D BY: TOT	ROSARCOMA OF	THE BACK	שרידים M	TTTTT	METAST	10	NSET AND	DEATH
197.1 IMMEDIATE C	DUE TO	TO MIDOIR OF	IIII DROIL	147777 714		ILLIAD.	TAD LO	UNKNO	WIN
Conditions, if ony, which	000 10								
gave rise to immediate	(b)								
lying couse lost.	DUE TO								
	(c)	CONTRIBUTING TO DEATH	BUT NOT BELATED T	O THE TERMINIA	U DISEASE CON	DITION CIVE	NI IN DART IV.	110 14/46	AUTORCY
PANT II. OTHER SIGNIFICAN	41 CO1401110143	CONTRIBUTING TO DEATH	BOT NOT RELATED I	O THE TERMINA	AL DISEASE CON	DITION GIVE	N IN PAKE I(O	PERFO	RMED?
20g ACCIDENT WAS INDERIVING	1206 DES	CRIBE HOW INJURY OCCU	IDDED /E-A	of initial in Day	4.1 a. B. 4.11 a.f. 1	10.1		YES K	но 🗌
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH IINER)	CRIBE HOW HAJORY OCCU	okkeo. (chier noture	or injury in rur	T TOT FORT II OF	rem 16.j	74		
20c. TIME OF INJURY Month, De Hour o.m.	y, Year 20d. It	NJURY OCCURRED 20e	<ul> <li>PLACE OF INJURY foctory, street, offi</li> </ul>	(Home, form,	20f. (City or tov	vn)	(Count	ly)	(State)
p. m. TY.A	19 of work	k ot work							
21. I certify that X attende	d the decease	ed fram March	24 , 1959	, to Apri	11 22	1959	That Y Hast	XXX III	WXXXXX
gthrecond xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	XXXXXX	XXXXX and that de	eath accurred a	1:50A	M, fram the	causes ar	d an the c	date state	ed above.
0.0	.0	01			DRESS (Street, ci				ATE SIGNED
SIGNATURE STAND	V. Crau	NER	M.D	HOSPITAL	L,FT. HC	WARD,	MARYLA	ND 4/	22/59
PHYSICIAN'S NAME (Type) JOHN W. (	CRAWFORD,	M.D., Actin	g Chief, I	rofess	ional Se	rvices	3		
220. BURIAL CREMATION, 22b. DATE REMOVAL (Specify) W- 2	1100	22c. NAME OF CEMETER Baltimore			Baltimor		county) aryland	(Stat	e)
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	3720100		BY REGISTRAR	, -	RAR'S SIGNAT	TURE	-
Elroy O. Wilson Fu	neral Ho	ome,1000 Bra	ntley Ave				un & the		



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3969 CERTIFICATE OF DEATH

02729

0000	,	112 01 02/11/		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO STATE Mary)	nere deceased lived. If institution b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RUF	RAL and give nearest town)
Fort Howard	6 days	Balti	imore 3	VO1-4
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Veterans Administration	Hospital Hospital	6429 Cedor	nia Ave	YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year
(Type or print) GEORGE	W	COMER	DEATH Mappol	Apr. 17 2.1959
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOW	/ED DIVORCED	January 4. J	1923 36 yrs.	Months Days Hours Min.
<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNT
Carpenter	Construction Co	Comers Ro	ock, Virginia	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
George T Comer		Nancy Con	nett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Addres	s .
Yes WW II	227-16-7502 CI	Lin. Recs. Vet	Adm. Hospital	L. Fort Howard M
18. CAUSE OF DEATH [Enter only one couse per li				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CHE	RONIC GLOMERION	VEPHRITIS		ONSET AND DEATH
592 X DUE TO		•		O I I I I I I I I I I I I I I I I I I I
Conditions, if any, which )				
gove rise to immediate				
lying couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS Left Ventricular Hypert 200. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT COPHY; COTONAL PARTE HOW MULRY OCCURN	y Arterioscle	erosis with nar	N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES IN NO
20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. While of wor	Not white for	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (State
21. I certify that Wattended the decease	sed from March 27.	1959 to AT	ril 2 19 59	18000000000000000000000000000000000000
	CXX , and that death	accurred at 5:351	M. fram the causes an	d an the date stated aba
0 0 11.1	1		ADDRESS (Street, city or town, ste	
SIGNATURE STUM W.	ranger	MD. VAH FT HO	WARD. MD	4/3/59
PHYSICIAN'S NAME (Type) JOHN W. CRAWF(	ORD. M.D.			
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or	county) (Stote)
REMOVAL (Specify) Burial 4-6-59		orial Gardens		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGNATURE
M. O. I. David D	(000 11 0			Thung & thouse
Wm Cook-Blight Funeral In	nc. 6009 Harfor	d Rd Baltor		A. I VIAMA

death. Page 4 may be retained by the haspital or attending physician.

Defuneral DIRES A: After this certificate has been signed by the ottending physician and campletely filled in by the phase director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of may be retained TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 10/57

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MAKELAND STATE DEPOSIT AND A THE ALTRADOR and the deposit of the second second second 22 to 1971 to 1972 and the street of the part of the state of t THE CHARLES IN THE PARTY OF THE The Design of Land and County of Appropriate Contraction and death: Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRE

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 3934

									Mag. Dis		
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYL	AND	a. SIAIL	-	here decease	ed lived. If institut b. COUNTY			
b. CITY OR TOWN (I RURAL and give no	If outside corporate limits		c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)						est tawn)
Lansdov	•		6 Mo.		51 L	ansde	owne				
	TAL (If not in haspital, gi		address)		d. STREET	DDRESS				e.	IS RESIDENCE ON A FARM?
	2206 Alle	tta	Ave.		2206	Alle	etta	Ave.			YES NO
3. NAME OF DECEASED (Type or print)	Edith First	Ev	Middle Goo.	k	lo	it	4. DATE OF DEATH	April	24.	Day	Year 19 5 9
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	рΠ	B. DATE OF BIRT	Н		9. AGE (In years last birthday)	IF UNDER	YEAR II	F UNDER 24 HRS.
Female		WIDOWE			Jan. 20	0, 18	389	70 yrs.		Days	Hours Min.
10a. USUAL OCCUPATION during most of world Home I		ane 10b. I	(IND OF BUSINESS OR	INDUS		ACE (Stote		country)	12. CITI	ZEN OF	WHAT COUNTRY?
13. FATHER'S NAME	740100	-			14. MOTHER'S	MAIDEN	NAME				
Georg	e Warfiel	d			Mai	T E	Tho	mas			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16. S	SOCIAL SECURITY NO.	17. II	NFORMANT	0 - 0			ress	-	
(Yes, no, or unknown)	(If yes, give war or dates of ser	vice)	none	Mr	s Ditt	nan 2	2206	Alletta	Ave.	La	nsdowne
			Acute cor  Hypertens					CVD		ONSET	VAL BETWEEN I AND DEATH Minub
cause (o), stating lying cause last.  PART II. OTH			ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GIV	/EN IN PART		WAS AUTOPSY PERFORMED? YES NO 7
			RIBE HOW INJURY OC	CURRE	D. (Enter nature o	f injury in	Part 1 or Por	1 11 of item 18.)	AV.		
Hour o. ft.	Y Month, Day, Year 19	While at wark	Nat while at wark	fac	ACE OF INJURY ( story, street, office	e bldg., etc	:.)			ounly)	(State)
actual SIGNATURE	or I attended the or 7.  Success Ya  mnard Yaffe	. 12 <u>5</u>	59, and that o	death	occurred at	5.20 Fores	AM, fran ADDRESS (S t. Par)		and on the state)		
220. BURIAL, CREMATIO	N, 226. DATE THEREOF		22c. NAME OF CEMET	ERY O	R CREMATORY			TION (City, town,			(Stote)
REMOVAL (Specify) Burial	4/27/59		Loudon					altimor			(Jose)
23. FUNERAL DIRECTOR		130	J. Batting	ore	St.		D BY REGISTAPR 2	TRAR 24b. REGI	STRAR'S SIGI		

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RESIDENCE OF THE OWNERS

1SM 10/57

6,

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 1 YEAR IF UNDER 24 HRS

Doys

03945

e. IS RESIDENCE

ON A FARM?

YES NO T

Rea. Dist. No.

Months

INTERVAL BETWEEN ONSET AND DEATH 6 tas

> PERFORMED? YES NO

> > (Stote)

(Stote)

(County)

that I last saw the deceased and that death accurred at \_\_\_\_\_M, from the causes and on the date stated above.

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DAAPR 2 0 '59 arthur & House

of the College		Easy in	
	A CASE OF THE PARTY OF THE PART		
			The second
	relation live		
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			a distal (B)
PARTY TO SERVICE TO SE			
		V-0-354 S.	

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TO HOSPITAL OR

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3970 **CERTIFICATE OF DEATH** 

03946 Reg. Dist. No.

o. COUNTY	BALTIMORE	MARYLAND	a. STATE MARYLAN	b. COUNTY	BALTIMORE				
RURAL ond give r	If outside corporate limits, write earest town)  Lake Avenue	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X 100 W. Lake Avenue (Balto, City Line)						
	TAL (If not in hospital, give stre	et oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	First LOUI SA	Middle JENKINS	COOPER	4. DATE Mo OF DEATH APRII					
5. SEX Female		ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 31. 18	9. AGE (In years lost birthdoy) 77 ØF yrs	Months Doys Hours Min.				
10a. USUAL OCCUPATI	ON (Give kind of work done liking life, even if retired)	NONE		or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME					
	JOSEPH WILCOX		ELLI	EN ROGERS					
1S. WAS DECEASED EVI (Yes. no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT: SONK	Add	dress				
NO		NONE Mr	. J. Crossan	Cooper - 915 V	V. Lake Av. (Balto 10				
gove rise to i couse (o), stating lying cause last.  PART II. OT  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	the under- CC) (c)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO				
200. ACCIDENT WAS OR CONTRIBUTIONS (IF EITHER, NOTIFY	AS UNDERLYING 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Part II of item 18.)					
Y 20c. TIME OF INJUI Hour o. m. p. m.	Wh		ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	, 20f. (City or town)	(County) (State)				
ACTUAL SIGNATURE PHYSICIAN'S			M.D	M, fram the causes of ADDRESS (Street, city or town,	0-59 xloe2x52x				
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	PR CREMATORY	22d. LOCATION (City, town, Baltimore	,,				
23. FUNERAL DIRECTOR		ADDRESS	Balto. 240. REC'I	D BY REGISTRAR 24b. REGI	ISTRAR'S SIGNATURE				

21/1/59	1.77	MARINE AND	-1117 (-114 -112 -114		OS GENERALISMAN	
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- Ulbra Line						

VS A1S (4) 15M 10/S7

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3971 CERTIFICATE OF DEATH

Reg. Dist. No.

RURAL of Ca	Baltimore TOWN (If outside corporate lind give nearest town) tonsville FHOSPITAL (If not in hospitol, ITUTION	mits, write c. LENGTH OF STAY	rary.	land  (If outside carporate limits, write R)	Prince George
d. NAME OF OFCEASED	nd give nearest town) tonsville  F HOSPITAL (If not in haspitol, ITUTION		IN 16 c. CITY OR TOWN	If outside carporate limits, write RI	IPAL and give pearest town)
d. NAME OF DECEASED	F HOSPITAL (If not in hospitol,	0075	0 7		1/ 29 1
SPRIN  3. NAME OF DECEASED	ITUTION		d. STREET ADDRESS	y, Maryland	16,00 d
3. NAME OF DECEASED					e. IS RESIDENCE ON A FARM?
DECEASED	G GROVE STAT	E HOSPITAL	2601 Che	verly Avenue	YES NO
1.75. 3. 1		First Middle	Cordone	4. DATE Mon	Day Year  - 3 1959
S. SEX	6. COLOR OR RAC	E 7. MARRIED NEVER MARRIE	D 8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
male	white	WIDOWED M DIVORCE		884 74 yrs.	Manths Days Hours Min.
10a. USUAL O	CCUPATION (Give kind of wor st of working life, even if retire Carpenter	k done 10b. KIND OF BUSINESS O			12. CITIZEN OF WHAT COUNTRY?
			Max	XXXXX Italy	U. S. A.
13. FATHER'S N			14. MOTHER'S MAIDE	N NAME	
	Anthony Cordon	le	Conce	ettine Della	
15. WAS DECE	ASED EVER IN U. S. ARMED FO		17. INFORMANT	Addr	ress
	(If yes, give wor or dates o	Unknown	Records: SPI	RING GROVE STA	TE HOSPITAL
		cause per line for (a), (b), and (c).]	1	1 , .	INTERVAL BETWEEN ONSET AND DEATH
PA PA	RT I. DEATH WAS CAUSED BY IMMEDIATE CAUSE		Mcal In	faretion	4 days
140	20. DUE 1	ro i	1 1 1		1 -
Canditie	ons, if any, which )	(b) Severo	Such H	vrenosele	2021
	se to immediate DUET		72		
lying co	un laut	(c)			
Z PA			TH BUT NOT RELATED TO THE TE	RMINAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY
O STOOM PA	Terrer.	ward by	char Lucy	man tis	PERFORMED? YES NO X
= 20a. ACCT	DENT WAS UNDERLYING	206. DESCRIBE HOW INJURY OF	CCURRED. (Enter nature of injury	in Part I ar Part II af item 18.)	
	RIBUTING   CAUSE OF DEATH	)			
	OF INJURY Manth, Day, Y a. m.		20e. PLACE OF INJURY (Hame, factory, street, affice bldg.,	arm, 20f. (City or tawn)	(County) (State)
WED	p. m. 19	While Nat while of work at wark	raciory, sireer, arrice diag.,	616.7	
21. I ce	rtify that I attended th	e deceased from Mar	ch 30, 19, 59 to	4-3 1959	Ithat I last saw the deceased
alive an	4-3	, 19.59_, and that	death accurred at 18 3	PM, fram the causes a	and an the date stated above.
	- × 1	1	0	ADDRESS (Street, city or town,	state) DATE SIGNED
ACTUAL	E STOLL	mekand	SPRIN	G GROVE STATE	HOSPITAL
PHYSICIAL	//		G t (D)	70TTTTT 00 W	
NAME (Ty		ld Drinkard, M.D	GA TOP	SVILLE 28, Mary	Land
220. BURIAL, C		EOF 22c. NAME OF CEME	TERY OR CREMATORY	22d. LOCATION (City, town, o	of county) (State)
BURIA	L 4-6-1	954 Fort Lin	coln Cemetery	Colmar Man	or Maryland
23. FUNERAL D	RECTOR'S SIGNATURE	ADDRESS		EC'D 8Y REGISTRAR 24b. REGIS	STRAR'S SIGNATURE
nos	less tur	rual Home mi	Daniele DATE	APR 6 '59 a	other & House
-1-1-1-1					

ST 350 MITEAU AICIASPERO TIPEMENARIO STATE CHARTSIAM A R . W. Winds | Sympole affect emilleters? A STREET, STRE Town the contract was provided the contract of and the property of the state o

VS A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3972 CERTIFICATE OF DEATH

(1)3948 Reg. Dist. No.

1. PLACE O	F DEATH		2. USUAL RESIDENCE	(Where deceased liv	red. If institution	on: Residence b	efore odmiss	ion)	
o. COUN	LTO.	MARYLAND	o. STATE Maryland Carroll						
b. CITY C	OR TOWN (If autside corporate limits, wond give nearest tawn)	rite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN				nearest town	1)	
	ngs Mills	211 mg	Westmin	net em		(	627	.2	
d. NAME	OF HOSPITAL (If not in haspital, give s		d. STREET ADDRESS				e. IS RES	IDENCE	
		nn Cabaal	0.4	(222 W.)				FARM?	
	ewood State Traini	ng Seneol	Last	1118, Nd	Mon	4		Year	
3. NAME OF DECEASE	:-41			OF DEATH	Mon	m			
5. SEX	Carrie	Virginia MARRIED NEVER MARRIED   MARRIED NEVER MARRIED NEVER MARRIED   MARRIED NEVER MARRIED NEVER MARRIED   MARRIED NEVER	B. DATE OF BIRTH		AGE (In years	IF UNDER 1 YE	111	1959	
J. JLA		DOWED DIVORCED	The second second		lost birthday)	Months Doy	1	Min.	
Fem	ale white		May 7, 1908		50 yrs.	10.000			
during r	OCCUPATION (Give kind af wark done most af working life, even if retired)	106. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (SI	ote or foreign coun	try)	12. CITIZEN	OF WHAT C	OUNTRY?	
	None	None	Mary	land	D- 15	US	A		
13. FATHER'S	NAME		14. MOTHER'S MAIDE						
7	Manual a Chabba		Bertha	Wahn					
IS. WAS DE			INFORMANT	1 Halli	Addr	ress		-	
Yes, no, or unk	(nown) [If yes, give war or dates of service					3/177			
No CAL	USE OF PEATU IT	None	Rosewood	Records	Owin	gs Mill			
	USE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY:						NTERVAL BE	DEATH	
	IMMEDIATE CAUSE (a)	Pyelonephritis	with uremia.		7.5 1915.1	1	Aug. 15	8	
60	O. O DUE TO								
Condi	tions, if ony, which ) (b)	Internal hydroc	ephalus with	spastic	quadrin	olegia 8	Since	birt	
	rise to immediate DUE TO								
	couse lost. (c)								
Z	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIV	EN IN PART 1(c	19. WAS A	AUTOPSY	
ATIO							PERFO	RMED?	
200 AC	CIDENT WAS UNDERLYING 206	DESCRIBE HOW INJURY OCCURRI	ED /Enter nature of injury	in Port I or Port II	of item 18 \		153 []	NO M	
OR CON	NTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJOK! OCCURN	ED. (Ellier notore of injury	m rom rom rom m	or nem 10.7				
			LACE OF INJURY (Home, foctory, street, office bldg.,	form, 20f. (City or	town)	(Coun	ity)	(State)	
N N		Vhile Not while	ociory, sineer, office blug.,	eic.)					
		11 77/26/21	7 10 .	11/30/50	10		.1 1		
	certify that I attended the de		, I9, TO, TO	3		that I last s			
alive	on 4/29/29	19, and that death	h accurred at 12	AM, from the	e causes an	d an the do	ate stated	abave	
	11 4	0	10	ADDRESS (Stree	city or town,	state)	/1. /30	E SIGNED	
SIGNAT	URE darry /	. Buller	M.D.	rings	Mel	5 1119	7/ )(	127	
PHYSICI	ANIE		The State of		/				
NAME (	Type) Harry J. But	ler, M.D.	Rosewood	Lane, Ow	ings Mi	lls, Ma	arylan	d.	
	CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C			N (City, town, o		(Stote		
Bur	A (Specify) 5-1-59	Harmony Gr		Gist	, Mary	land			
	DIRECTOR'S SIGNATURE	ADDRESS		EC'D BY REGISTRAL	-	TRAR'S SIGNA	TURE		
1	R B Below	Westminster			-	other S. A	Crus		
1/2	my Ill		DATE DATE	MAY 4 '59	-	And the same of the			

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VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3973

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

a. COUNT	ſΥ			MAR	YLAND	a. STATE	_		d lived. If in b. COL		Residence	befare ad	mission)
L CITY O		imore	ita	7.00			rylan						
RURAL	ond give nea	autside corporate limits rest tawn)	, write	c. LENGTH OF STAY	200				orate limits, w	rite RURA	AL and giv	re nearest t	lawn)
		Howard		23 Da	ys	Ba	ltimo	re		31	101	-14	
OR INS	NOITUTION	L (If not in hospital, gi				d. STREET AL					12	0	RESIDENCE N A FARM?
Ve	terans	Administr	atio	n Hospital		62:	2 Sti:	rling	St			YES	NO TO
3. NAME OF DECEASED		First		Middle	e	Last		4. DATE OF	14:53	Month	1337	Day	Year
(Type or p			ANK	A		CURETON		DEATH	Apr	il		16	1959
S. SEX		6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	IED 🔲	8. DATE OF BIRTH			9. AGE (In y				NDER 24 HRS.
Male		COTOLEG	WIDOW			March 6			66		lanths D	Days Hou	urs Min.
10a. USUAL C	OCCUPATION	(Give kind af work do	ne 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLA	CE (State o	or foreign o	country)		12. CITIZ	EN OF WE	HAT COUNTRY
	ide	g ma, even il terred)		Sanitorium	1	No	rth C	Flore	na	-	11.5	S.A	
13. FATHER'S	NAME					14. MOTHER'S							
F	rank A	Cureton				Mat	ry St	eel					
		IN U. S. ARMED FORCE		SOCIAL SECURITY NO	). 17. It	NFORMANT	-			Address			
Yes, no, or unkr	nown) (II	yes, give war or dates of ser WW T		08-07-4046	C1	in. Rec.	Vet.	Adm H	osnita	1 F4.	House	ard i	Md
	JSE OF DEATH	1 [Enter only one cou		ne far (o), (b), ond (c)		2110			Ouplua	5 20	110446		BETWEEN
		WAS CAUSED BY:				3 3 CT TYPE TO	OTWO THE	DAT	T) MITSTORE			ONSET A	ND DEATH
100		MMEDIATE CAUSE (a)	THE	ROMBOSIS, I	Mesta	MITODIAE	CEREB	BRAL A	RTERY			U	INKNOWN
30	121	DUE TO											
	tions, if any												
	rise to imp a), stating th										-		
	ause lost.	(c)									- 10		
Z P	PART II. OTHE	R SIGNIFICANT COND	ITIONS (	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEAS	E CONDITION	GIVEN	IN PART 1	1(0) 19. W.	AS AUTOPSY
NO P				Mellitus								PEI	RFORMED?
20g ACC	CIDENT WAS			CRIBE HOW INJURY C	CCUPPE	) (Enter nature of	iniusu in P	art Lar Po	d II of item 19	1		TES	□ NO [3]
(IF EITHE	TRIBUTING E	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	.00. DE3	CRIDE HOW INSORT C	CCORRE	o. (chief holore of	injury in ri	an rai ro	i ii oi iieiii id	A.			
20c. TIME	OF INJURY	Manth, Day, Year	20d. II	NJURY OCCURRED	20e. PL/	CE OF INJURY (H	lome, farm,	20f. (Cit	y or tawn)		(Co	unly)	(State)
Ha	Ur o. m.	19	While at war	Not while	foc	tary, street, affice	bldg., etc.)					1	
	p. m.	VA			- 1			i					
21. 1 6	ertify tha	t 太attended the	deceas	ed from March	1.24	1959	, ta_Ap	ril ]	6, 19	59	heldle	Sport Of	000 000
SCHOOL	200000	00000000000	xxloc	and that	death	accurred at	3:10A	M, from	m the caus	es and	on the	date st	ated abave
	1	0 1 1	14	Pol			A	DDRESS (S	treet, city ar t	own, stat	(e)		DATE SIGNE
SIGNATU	IRE X	ten bl.	vt.	appel	-	M.DVAH	E4 Ha	read .	1/1-2				11/76
	U			/			4-A116)	waru,	hitG				
PHYSICIA NAME (T		JOHN W. CE	AUF	ORD M.D.									
22a. BURIAL,	CREMATION			22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCA	TION (City, to	wn, or o	aunty)		State)
REMOVA	AL (Specify)	419.01:	59	Baltimore									
	DIRECTOR'S	SIGNATURE	-	ADDRESS	e nat		24o. REC'D	DV DECIE			ar's sign		
	- W		- 0	OR N Manan	-								
A 20 7	noton	SPhilling	1 1 1 1 1	IN Manage	0 5+	Dolto 1	DATE (I	PKZ	100	( ) "	II.un V	2 65	

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## FOR STATE HEALTH DEPT.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3974 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03950

Reg. Dist. No.

a. COUNTY	BALTO.	MARYLAND	o. STATE MH	124 LIND b. COL		TIMOIZE
b. CITY OR TOWN ond give negtest tow		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside carporate limits, w	vrite RURAL and give	nearest town)
d. NAME OF HOSPI	TAL OR INSTITUTION (IF not i	n hospitat, give street address)	d. STREET ADDRESS	RIVERS,	DE DR	e. IS PESIDENCE ON A FARM? YES Y NO
3. NAME OF DECEASED (Type or print)	First George	Middle	Cyzyk	OF Ana	Aonth Do	(1)
5. SEX	6. COLOR OR RACE 7- M	ARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In year lost birthdas).		
MALE	WHITE WIDE	OWED DIVORCED	MARCH 18	-1867 99	Months Days	Hours Min.
during most of work	ION (Give kind of wark dane 1 ing life, even if retired)	06. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (SIG	ate ar foreign country)	U.S	OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
DONT	Know		DONT	KNOW		
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? (If yes, give war or dotes of service)	16. SOCIAL SECURITY NO. 17. N. 215-28-0879	A DOUPH (	CY24K-192	tress 23 EOBIN	WOOD RI
Gonditions, if gove rise to imme (a), stating the course lost,	ediale cause	entre Br	2 -	- Dunns)	over	-
PART II. OT		S CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TER	RMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO D
200. EXTERNACIÓN PRIMARY POF CO	ONTRIBUTING .	CRIBE HOW INJURY OCCURRED. (E	Tome bu	Part I ar Part II of item 18.)	end	7
20c. TIME OF INJU	41115	20d. INJURY OCCURRED 20e. PLA While Not while of foch at wark at wark	CE OF INJURY (Home, for ory, street, office bldg., of	orm, 20f. (City or town) etc.) ESSex-	(County) 21- BAL	to-Nd
21. I certify t	hat I taak charge af t	he remains described aba	ve, held an Auta	psy , Inspection [	Inquiry E	and in my
opinian death	resulted fram: Natur	ral causes []. Accident [	□, Suicide □,	Hamicide, Und	letermined man	ner 🗌
ACTUAL SIGNATURE	mBa	wi	_M.D. CHIEF MEDICAL	EXAMINER DICAL EXAMINER	. /	DATE SIGNED
EXAMINER'S NAME (Type)	M.B. DAV	is mo		AL EXAMINER	4/61.	59
220. BURIAL, CREMATI REMOVAL (Specify	ON, 226. DATE THEREOF	CHRNT LU	CREMATORY TITERISM	DUN PHU	wn, or county)	(State)
23. FUNERAL DIRECTO	R'S SIGNATURE FUNERAL H	ADDRESS OME - DUNDAL	240. RE	IPR 7 TERM	EGISTRAR'S SIGNATI	URE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the cert is, writing the word "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral day should be for itself to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bada or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. ATSME \$M 2/57

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### MADVIAND STATE DEPARTMENT OF HEALTH DALTIMODE 10

3975	SIMIE DEPARIMENT	OF HEALTH-BALL	
3313	CERTIFICATE	OF DEATH	Reg. 03951

1.	o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO ISTATE Maryl	ere deceased lived.	If institution: Resid		
	b. CITY OR TOWN (IF	outside carporate limits, write	5 yrs.	c. CITY OR TOWN (IF a		nits, write RURAL and	d give neares	t town)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give street of 7929 E. Th		d. STREET ADDRESS t. 7929 E.	Thirty	First S		IS RESIDENCE ON A FARM? 'ES NO.
3	NAME OF DECEASED (Type or print)			nowski	4. DATE OF DEATH	Month April	23,	Year 19 59
	Male	6. COLOR OR RACE 7. MARR WIDOWE	D DIVORCED	ALCOHOLD TO THE PARTY OF THE PA	898 6	e (In years   IF UND   Manths   yrs.	1	UNDER 24 HFS.
M	ie dro Packi	N (Give kind of work dane 10b. inadife, even if retired)	S K Co/	Baltimo			S.A.	WHAT COUNTRY?
13	3. FATHER'S NAME	Teseph Czesno	wsk1	14. MOTHER'S MAIDEN N				
19	S. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	4.1	rs. Mary Cz	osnowsk:	Address 1 7929 E	. 31	st.
	PART I. DEAT  33/  Canditians, if an gave rise to in cause (o), stoting to lying cause last.	he under-	Gen zel	aseula S	allem		ONSET	AL BETWEEN AND DEATH
FICATION	5	ER SIGNIFICANT CONDITIONS C		More				WAS AUTOPSY PERFORMED? ES NO P
A CEPTIEI		MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED					
MEDICAL	Haur a.m.	While	Nat while at wark	CE OF INJURY (Home, farm tary, street, affice bldg., etc.	. 20f. (City or tow	n)	(Caunty)	(State)
	21. I certify the alive on	at lattended the decrase	17					
	1444112 (17)00)	Joseph E. Schul				elphia Rd		
	BUTTAL Pecify)	4-27-1959	St. Stanis		Dundall	C AVE .	Md.	(State)
	ohn J. Du	signature 1da 2829 Huds	on St. 24, N	18.	BY REGISTRAR	24b. REGISTRAR'S S		

MARYLAG STATE DEPARTMENT OF LEALTH-BALLUNCHE, 18 German Tolking Service Management and the little of the little of the little of the latter of the latter of the little of t MARKET STATES OF THE STATES OF Drint at 2 style 2 style 1 de The state of the s

VS. A15ME(5) 5M 9/55 I

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3975MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03952 Reg. Dist. No.

1	1, [	PLACE OF DEATH DATTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resider o. STATE D b. COUNTY B F4	nce before admission)
)	Ь	o. CITY OR TOWN (If outside corporate limits, write RURAL on LENGTH OF STAY IN 16 and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  MCAMAS j.T.D	MOLOMAS RD.	e. IS RESIDENCE ON A FARM? YES NO
	-1	NAME OF DECEASED (Type or print) WOODROW WILSON	DALEY J. DATE Month OF DEATH APRIL 1	8 1959
	5. \$	M WIDOWED DIVORCED	1 10 17 4.27 yrs.	Pays Hours Min.
	0	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST (pring most of working life, even if retired)	MD.	en of What Country?
	13.	JOSENH DAILEY	14. MOTHER'S MAIDEN NAME DOWNS	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 8  16. SOCIAL SECURITY NO. 17. 8  16. SOCIAL SECURITY NO. 17. 8  17. 8  18. 1015. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	NFORMANT (Elva C. Dailey Address IFE SAME ADDRESS,	
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUNSHOT WO	UND BRAIN	INTERVAL BETWEEN ONSET AND DEATH
		Q76 X  Canditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO  (c)		
1	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (I CAUSE OF DEATH.	Enter nature of Injury in Part I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 40cm a. m. 20cm 19 While Not while of work of the other of the o	CE OF INJURY (Home, farm, lory, street, office bldg., etc.) (City or town) (Courter, street, office bldg., etc.)	nty) (Stote)
		21. I certify that I took charge of the remains described about death resulted from: Natural causes , Accident , Sui	ove, held an Autopsy, Inspection, Inquiry icide, Homicide, Undetermined couse	
		ACTUAL SIGNATURE MIMILIAN U. F. M. Shing	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
		EXAMINER'S WILLIAM A PILLSBUR	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	4/18/39
	6	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)  ADVIDUAL DIRECTOR'S SIGNATURE ADDRESS	22d. LOCATION (City, lown, or county)  meters  246. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	(Stole)
	X	Jacob Harlenstein, Hew Freed	orn To. DATE APR 21 '59 Orilar &	Haus

# ALASYLAND STATE DEPARTMENT OF HEALTH BALTIMORE TO SHARMEN SHARM SHARM OF DEATH SHARMEN SHARMEN OF DEATH SHARMEN SHARME

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03953 3977 CERTIFICATE OF DEATH Rea. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY Raltimore County MARYLAND CXINT b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe t. Wilson, Maryland d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE or institution

t. Wilson State Hospital ON A FARM 0 )UNKIRK YES NO TO c NAME OF Middle 4. DATE Month ALBER DEATH (Type or print) 101 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years lost buthdoyl Months MALE WIDOWED T DIVORCED [7] yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MLESMAN -URNITUR. carbon 13. FATHER'S NAME THOMAS EDGERTON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN 2 Hospital Records. Mt. Wilson State Hospital 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL SETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while al wark at work 1957, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 15 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL Mt. Wilson, Maryland ď 3 should PHYSICIAN'S William Newcomer, M.D. NAME (Type) Superintendent FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stole) REMOVAL (Specify) Buria Ridge Cem Pikesville, Md 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24d REC'D BY REGISTRAR VS A15 (4) DATE APR 2 7 '59 arthur & Hours 1SM 10/S7

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AND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) 28 years Pikesville Pikesville d. NAME OF HOSPITAL (If not in haspital, give street address) STREET ADDRESS OR INSTITUTION 20 7506 Seven Mile Lane 7506 Seven Mile Lane pup 2. DATE NAME OF First Middle Last Month filled ges 1 c DECEASED completely filled Del 1 DEATH (Type or print) William April George 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH DIVORCED | WIDOWED | papers. Male White May 20. executed 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Maryland Procter & Gamble pup Manager 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 50 Annie Louise Triplett physici George E. Dell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 7506 Seven Mile Lane attending No 215-03-6012 Mrs. Ruth Dell 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). a. PART I. DEATH WAS CAUSED BY: PULMONARY IMMEDIATE CAUSE (o) 420.0 DUE TO þ CIYOCARDIAL Conditions, if ony, which certificate has been signed gove rise to immediate per DUE TO couse (a), stating the underlying couse lost buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port III of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, foctory, street, affice bldg., etc.) use Hour a.m. Not while at wark ot work 21. I certify that I attended the deceased from JANUARY 17, 1958, to APRIL 2, 1959, that I lost sow the deceased and that death occurred at 1.30PM. from the couses and on the date stated above. ADDRESS (Street, city or town, state) may be retain.

TO FUNERAL DIRECTO ACTUAL prior SIGNATURE PHYSICIAN'S registror NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or caunty)

22c. NAME OF CEMETERY OR CREMATORY

Druid Ridge

ADDRESS

he

VS A15 (4) 15M 9/5B

Burgee Funeral Home 3631 Falls Road

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Burial

Pikesville, Maryland 24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

APR 6

arthur S. Kraus

(County)

03954

Bal timore

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

USA

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

(Stote)

Days

e. IS RESIDENCE ON A FARM?

YES NO NO

Year

1959

Rea. Dist. No

Months

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3979 **CERTIFICATE OF DEATH** M X

Reg. Dist. No.

	COUNTY Bal	timore		MARY	LAND		AL RESIDENCE	(Where deced		If institution. COUNTY		timore	
	o. CITY OR TOWN (IF RURAL and give new ural-Box 3	arest town)		LENGTH OF STAY		1	TY OR TOWN					e nearest to	wn)
	. NAME OF HOSPITA				10		TREET ADDRESS	_		WOLL T.	2110	e. IS F	RESIDENCE
	OR INSTITUTION 3	16 Trumps	Mill F	Rd. Baltin	nore	Ca	316 Tm	umps-Mi	11 R	d. Ba	lto:Co	YES.	NO NO
3.	NAME OF DECEASED			e A.HiMabe			Lost	4. DATI		Mont		Day	Year
	Type or print)	Anna		Agnes		De V	aughn	OF DEAT	TH	Apri.	1	6	1959
5. 5	EX	6. COLOR OR RACE	7. MARRIE	NEVER MARRI	ED 🔲 8		OF BIRTH		9. AG	E (In years birthday)		YEAR IF UN	NDER 24 HRS.
	Female	White	WIDOWED		CEP-		9-1883		7	75 yrs.	3 2	7	
	USUAL OCCUPATIO during most of worki	ng life, even if retired	45	thing Mf			BIRTHPLACE (S Baltimo			1		S.A.	IAT COUNTRY?
	FATHER'S NAME						THER'S MAIDE					-	
	Thomas De	Vaughan				1	laria o	r Mary	Malt	owich			
	WAS DECEASED EVER	IN U. S. ARMED FO		CIAL SECURITY NO	. 17. IN	FORMA	NT	0 9 31 4	1 - 77-	Addr		4 D-1	to a Co Mil
	No	None	2:	14-05-331	5 Mr	es.	eorge	COTabe	3K-11	rumps .	MITT	TRG.D.	to:Co.Md
		he under-	n fre	porten	bure bel	tes	D E	cerel	rio	vasci	On.	CO CO	BETWEEN ND DEATH LA
MEDICAL CERTIFICATION	PART II. OTH	ER SIGNIFICANT CO	NDITIONS <u>CO</u>	NTRIBUTING TO DE	ATH BUT N	NOT REL	ATED TO THE TE	ERMINAL DISE	ASE CON	DITION GIV	EN IN PART 1	PER	S AUTOPSY OF ORMED?
CERTIFI	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	□ CAUSE OF DEATH	20b. DESCR	IBE HOW INJURY O	CCURRED	. (Enter	nature of injury	in Part I or f	art II of i	item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Ye	While at wark	Not while at wark			NJURY (Hame, et, affice bldg.,		lity or tax	vn)	(Co	unty)	(Stote)
	21. I certify the	at I attended the	deceased	from	, Ur		9.53, to_	ann	ill	1959	that I la	st saw th	ne deceased
	alive an	Equil 6	, 195	9 and that	death	accur	ed atL_					date sto	oted above.
3	ACTUAL SIGNATURE	Section	-1.	Took M.	1D .	И.D	2936	E L	Street, ci	lto	State)	1 4	1/6/59
	PHYSICIAN'S NAME (Type)	BURTON	V.1	ock			,	03.	alto	74	Md	/	
220	BURIAL, CREMATION REMOVAL (Specify) Buriel	22b. DATE THERE 4-9-1959	OF	22c. NAME OF CEM Oak Lawn				Last	ern	Ave. B	altimo	re,M	tote)
23.	FUNERAL DIRECTOR	signature Ruth, Inc.	1735 H	ADDRESS arford Av	enue	Bal	to Mante	PR 9	istrar 59	24b. REGIS	TRAR'S SIGN	LATURE	

may be retained whe haspital or attending physician.

TO FUNERAL DIRE, DR. After this certificate has been signed by the attending physician and completely filled in by Manneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and infant within 72 hours after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after TO HOSPITAL OR

deoth. Poge 4

VS A15 (4) 15M 9/55

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### 3980 CERTIFICATE OF DEATH eral director, be filed with death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Fullerton d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 5 hitema puo c NAME OF Middle 4. DATE Month filled DECEASED OF DEATH (Type or print) a 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) B. DATE OF BIRTH completely DIVORCED T WIDOWED 17 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during mast af warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 303 Elsrode attending 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO p Canditians, if any, which gave rise to immediate per DUE TO couse (a), stating the underbeen si lying cause last. burightensit Æ PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY aval, has (Kecent bangrenet byttack 1626926 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) S 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year factory, street, office bldg., etc.) Haur a. ft. Not while at work of work p. m. ADYLL 13, 1959, to APYL- 14, 19 59 that I last saw the deceased 21. I certify that I attended the deceased fram... and that death accurred at 10 40 PM, from the causes and an the date stated above. detach ADDRESS (Street, city or town, state) ACTUAL prior 3 should 5 PHYSICIAN'S TO FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY poge 22d. LOCATION (City, tawn, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Criting & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE ON A ARM?

Year

19

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED?

YES NO P

(Stote)

DATE SIGNED

(State)

Days

(County)

Months

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Charling & Mary

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MATABOLE STATES OUT AND TRANSPORT OF DEPARTMENT			

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3982 **CERTIFICATE OF DEATH**

Reg. 0.3958

1	n. PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (W. o. STATE  Marvland	/here deceased	lived. If instituti b. COUNTY Ra.	an: Residence befo	ore admiss	ion)
1		LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpore	1,000	URAL and give ne	arest town	1)
-	d. NAME OF HOSPITAL (If not in hospital, give street oddr. OR INSTITUTION 123 Oakdale Ave	ress)						IDENCE FARM?
F			123 Oakdale					
1	7. NAME OF First DECEASED (Type or print) EDWARD NELSON T	Middle DOYLE	Last	4. DATE OF DEATH	April 2	3.1959	•	Year 19
			8. DATE OF BIRTH	1	. AGE (In years	IF UNDER I YEAR		
	Male White WIDOWED	DIVORCED	Oct.20,1910		48 yrs.	Months Days	Hours	Min.
1	10b. USUAL OCCUPATION (Give kind of work done 10b. KINI during most of working life, even if retired)	D OF BUSINESS OR INDUS			intry)	12. CITIZEN	OF WHAT	COUNTRY?
-	Salesman		Catonsvi	7				
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
1	Anthony Doyle		Sarah Cou	rtney				
T	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	IAL SECURITY NO. 17. IN	NFORMANT		Add	ress		
1		05-3164	Mrs. Blanche	Doyle	Catonsv	ille,Md		
F	18. CAUSE OF DEATH [Enter only one cause per line fo	r (o) (b). and (c).]	14: 7		, , ,	INT	ERVAL BE	TWEEN DEATH
1	IMMEDIATE CAUSE (a)	20-11	gengin	4 10	MULL			
	420.1 DUE TO		1-1- H	- 1				
1	Conditions, if any, which gave rise to immediate	enary !	Mensifur	res		,		
1	cause (o), stating the under-	-411	200	1	- //	1		
1	lying cause last.	complet	Jagener	alley	YIYY	weeks	4	
	PART II. OTHER SIGNIFICANT CONDITIONS CONT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	PERFO	AUTOPSY RMED?
	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED	D. (Enter noture of injury in	Part I or Part	1 af item 18.)			
	20c. TIME OF INJURY Manth, Day, Year 20d. INJUR Haur a. m. While p. m. 19 at work	Not while 20e. PLA	CE OF INJURY IHome, far tory, street, office bldg., et	m, 20f. (City e	or town)	(County)		(Stote)
	p. m. 19 at work	1401 MIIIIE						
I	21. I certify that I attended the deceased f	from Fel-	, 1959, to	13 al	1. 1953	that I last s	aw the	deceased
	alive an 23 april , 1959	2, and that death	accurred at 2:00	2/3M, from		and an the do		
ı		•			et, city ar town,			ATE SIGNED
I	SIGNATURE MINERAL POR	pm,	M.D. 4/205	alm	negley	16,29		
	PHYSICIAN'S WAR A POL	50 n	Ba	to	29		24/	prifs
1	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22a	c. NAME OF CEMETERY OF	RCREMATORY	22d. LOCATI	ON (City, town,	ar county)	(5)61	e) -/
	REMOVAL (Specify) Rurial /-27-50	Baltimore	National	Ba	Ltimore.	Md		
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC	D BX SECIETS	AR 24b. REGIS	STRAR'S SIGNATU		
E	G.C. Higinbothom, Ellicott City	y, Md	DATE	K Z / 59	an	than al. House	A	

may be retained the haspital or attending physician.

TO FUNERAL DIFF OR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours, the registrar prior to burial, cremation, ar removal, and in any event within 72 hours, the registrar prior to burial, cremation, ar removal, and in any event within 72 hours, the registrar prior to burial, cremation, ar removal, and in any event within 72 hours, the registrar prior to burial, cremation, ar removal. TO HOSPITAL OR VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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VS A15 (4) 15M 9/55 E-5

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3983

### **CERTIFICATE OF DEATH**

()3959 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY  Baltimore  MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)  55 Towson
or Institution 419 Stevenson Lane	d. STREET ADDRESS 1419 Stevenson Lane 0. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) Mrs. Anna Louise Dum	
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED [  **Emale white WIDOWED   DIVORCED	July 21, 1888   last birthday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife	Baltimore, Maryland USA
13. FATHER'S NAME William Trost	14. MOTHER'S MAIDEN NAME Mary?
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   (If yes, give wor or dates of service)	Mr. Joseph J. Dumler, Jr. same
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Quitting Cle	ratic flag disease Interval Between ONSET and DEATH 5 yrs
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  DUE TO  (b) Deschelle  (c)	15°gm+
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	IRRED. (Enter nature of injury in Part I or Part II of item 18.)
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at wark at work 19	p. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stale) factory, street, office bldg., etc.)
42-4	accurred at 1.1 p. M., from the causes and an the date stated above ADDRESS (Street, city or town, state)  M.D. 2429 M. Charle, Billo 18, M.
PHYSICIAN'S Franklin E. Leslie	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	deemer (em. Baltimore, Maryland  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Leonard J. Ruck 5305 Harford Re	pad #14 DATE APR 21 159 Circhag & Mous

Burg Co. Bridge Miles with Longer Warder STATE OF THE PARTY Jacket . Latte and the free best on the contract one and

Leonard , Auco 3505 Filter and Load 114 all and

Baltimore, Maryland

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(Stote)

DATE SIGNED

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may be retained to hospital ar ottending physicion.

TO FUNERAL DIRECTA: After this certificate has been signed by the attending physician and campletely filled in by the checker, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registror prior to burial, cremotion, ar remayal, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3985

**CERTIFICATE OF DEATH** 

03961

Reg. Dist. No.

o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  5. STE aru land  b. COUNT B altumore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTALLS Brunswick Road	2428 Brunswick e. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) Harry Richard	Eckman DATE Month Doy Year DEATH April 18 1959.
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF BIRTH  9. AGE (In years less birthday)  Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)  Signal man RR Wash. Term. Die 13. FATHER'S NAME  Harry Felkman	STRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME  A manda Trezie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes. no. or unlanger) (If yes. give wor or dates of service) 718 - 14.9204	informant Address Address Avys Rich Bruns Rich
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a):  DUE TO  DUE TO	el Infarction Interval Between ONSET AND DEATH & Weeks
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  (b)  DUE TO  (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
OK CONTRIBUTING LI CAUSE OF DEATH	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 Of work of work of work	ACE OF INJURY IHome, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I ottended the deceased from May 1 alive an actual Elleworth Coh	accurred at 600 AM, from the causes and on the dote stated abave  ADDRESS (Street, city or town, stote)  DATE SIGNED  M.D. 243/ Mary and Are 4:18:57
PHYSICIAN'S Z. Ellsworth Cook	Balto. 18 Ma
220. BURIAL, CREMATION, PREMOVAL (Specify) 4/21/59 22c. NAME OF CEMETERY O	(31016)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOWARD H. Hubbard 4107 Wilkens A	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATAPR 2 2 '59 Onthun 2. House

MARYLAND STATE DEPARTMENT OF SHALLH-BARRINGSE 13 exomi ise 24 8 Enunswick Road 02/18/16 Elkridee, Maryland Howard K. Fubbard 4107 Wilkenn Avenue waste a

	21	MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	962
4 55	D	3986 CERTIFICATE OF DEATH  Reg. Dist. N	
directal	M		efore admission)
death neral		b. CITY OR TOWN (If outside corporate limits, write RURAL and give records and give neorest town)	nearest town)
haule		d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  d. STREET ADDRESS  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
by the	012	KOSEWOOD STATE TRAINING SCHOOL 1505 LANGE STREET	YES NO NO
24 ho led ir s 1 ar		3. NAME OF DECEASED (Type or print) First ROBERT SALES (4. DATE Month OF DEATH ROBERT)	Day Yeor
ithin Ily fill Page		S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR	6 19-59 AR IF UNDER 24 HRS.
ed w		MALE WHITE WIDOWED   DIVORCED   FEBRIARY 2, 1942 17 yrs. Months Days	
execution of com	deon.	10a. USUAL OCCUPATION (Give kind of work done during groat of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN  13. FATHER'S NAME	S.A.
an an	9116	14. MOTHER'S MAIDEN NAME	
fication ysicion ave	o since	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address	RER
ng phe rem	¥ 7 /	HO (If ye, give wor or date of service) NONE RECORDS	
death		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	NTERVAL BETWEEN NSET AND DEATH
the a	V	IMMEDIATE CAUSE (o) HEART FALLURE  490 X DUE TO	
s that		(Conditions, if ony, which) (b) LOBAR PNEUMONTA	7 hrs 25mir
quire signed		gove rise to immediate cause (a), stoting the <u>under-lying couse lost.</u> DUE TO	
siciar siciar seen ransi	e c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
The ly phy has the	O O	3 SPASTIC QUADRIPGECIA-BED RIDDEN	PERFORMED? YES NO
ending ficate the bu	<u> </u>	20a. ACCIDENT WAS UNDERLYING CORE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.)	
or att	u di di	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not white of work of work of work	y) (State)
G PH pital rr this for u	E .		
Affed thed	, ib	21. I certify that I attended the deceased from April 5, 1959, to April 6, 1959, that I last alive an April 6, 1959, and that death occurred at 2:15AM, from the causes and an the d	
deto	<u> </u>	ADDRESS (Street, city or town, stote) 4/6	159 DATE SIGNED
OR ned		SIGNATURE MOROLEWOOD LANGE WINGE	
reto RAL shou		PHYSICIAN'S ERNESTT. DECKO	ol.
HOSP TONE FUNE	5	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	DI (State) BALTO
5 5 0 3	1/2	23. FUNERAL DIRECTOR'S SIGNATURE 9015 ADDRESS WKLINGST. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	BLVD SO. US
VS A15 (4) 1SM 10/S7	63	lehables Sigeiler BALTO, 24, MD, DATE APR 9 59 Circhen 8:1	there

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3987 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03963

Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)						
1	Baltimore MARYLAND	O. STATE MD, B. COUNTY BALTO.						
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	MIDDLE RIVER	54 MIDDLE RIVER						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?						
	152 KINGSTON RD.	152 KINGSTON PD, YES NO						
	3. NAME OF First Middle	Last 4. DATE Month Day Year						
	(Type or print) HELEN KATHERINE	EFFORD DEATH APRIL 19 1959						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	feet highland						
	FEMALE WHITE WIDOWED DIVORCED	MAY 18-19/1 47 yrs. 1901 10015 Min.						
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRI during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	HOUSEWIFE	MARYZAND						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	ELMER JOHNSON	ISABELLE COLBURN						
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address						
	1/5	PA EFFORD JR. 150 KINCSTON RL						
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)-]	O I TERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED 8Y: Hypullus of & Plumette							
	443% DUE TO V							
	Conditions, if any, which) (b) (-V-1)15e	Ase , / -						
4	gave rise to immediate couse (a), stating the underlying DUE TO							
	couse lost. (c)							
П	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	PERFORMED?						
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED TO	yer nature of injury in Part I or Port II of item 18.)						
		FOR INJURY (Home, form, 20f. (City or town) (County) (State)						
3	Hour a.m.    While   Not while   toctor   toctor   toctor   toctor   toctor   toctor   toctor   toctor   toctor	ry, street, office bidg., etc.)						
	21. I certify that I toak charge of the remains described above	re, held an Autapsy , Inspection , Inquiry , and find that						
	death resulted from: Natural causes D. Accident D. Suic	ide , Homicide , Undetermined cause .						
	ma a							
	ACTUAL SIGNATURE	M.D. CHIEF MEDICAL EXAMINER						
	11 0 0	ASSISTANT MEDICAL EXAMINER [						
	EXAMINER'S NAME (Type) //-/3. DAVIS M.()	DEPUTY MEDICAL EXAMINER						
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	REMATORY 22d. LOCATION (City, town, or county) (Stote)						
	REMOVAL (Specify) BURIAL 4-22-58 Holy Ged	leemer Balto. Md.						
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
	John & Connelly 418 Castern	Glid. DATAPR 2 3 '59 Conthur & to						

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SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page of	be retained the majorial or offending physician.  NERAL DIRK OR: After this certificate has been signed by the offending physician and completely filled in by the funeral director.	e d	egistrar prior to buriol, cremotion, or removal, and in any event within 72 hours affectionally.
ō	DIE	P	D.
TAL	A	Poe	5
SPI	ER DE	3	Sign

MAR	YLAND	STATE	DEPARTA	MENT	OF	HEALTH-	BALTIMORE,	18
	_	_						

3988 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY  Baltimore  MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence a. STATE // b. COUNTY // // // // // // // // // // // // //	, .
b. CITY OR TOWN (If outside carporate limits, write   c. LENGTH OF STAY IN 11	marytana Dav	umore
RURAL and give nearest lown)	- C . 111	e nearest town;
(atonsville)	52 (atonsville	
d. NAME OF HÖSPITAL (If not in hospital, give street address) OR INSTITUTION 5539 (hanning Road	1 5539 Channing Road	IS RESIDENCE     ON A FARM?     YES    NO     NO
3. NAME OF DECEASED (Type or print) Mr. Albert L.	Enge 4. DATE Month OF DEATH April 15t	h Year 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1)  lost birthdoy)  Months D.	EAR IF UNDER 24 HRS.
male white WIDOWED DIVORCED	Dec. 20, 1918 lost birthdoy) Months Do	bys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
Administrative Asst. U.S. Govern	ment Baltimore, Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George Albert Emae	Lucy V. Lawson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no. or unknown) 1 (If yes, give war or dates of service)	. INFORMANT Address	
	Mrs. Audrey Emge 5539 (harri	na Road.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	4 - 4 - 3.371 - 1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	- Capicont	ONSET AND DEATH
200, I IMMEDIATE CAUSE (a) LYMPHO	211111111111111111111111111111111111111	-yras
Conditions, if ony, which gave rise to immediate cause (o), stoting the <u>under-lying couse last.</u> (b)  DUE TO		
Pam II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
	RRED. (Enter noture of injury in Port I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. p. m. 19 While Not while at work of work	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (Cau	inty) (State)
21. I certify that I attended the deceased from. Nov		
	1953, to APRIL 15 1959 that I las	t saw the deceased
	oth occurred of 10 A M, from the causes ond on the ADDRESS (Street, city or town, state)	
alive on APSIL 14, 1957, ond that dec	oth occurred ot <u>9:10 A. M.</u> , fram the causes ond on the	date stated above.
alive on APRIL 14, 1957, ond that decomposition of the decomposition of	oth occurred of 210 A. M., fram the causes ond on the ADDRESS (Street, city or town, state)  M.D. Co14 Edmand Con. Back  OR CREMATORY  ational Cem. Baltimore, Mar	date stated above.  DATE SIGNED  LAR MA 4-15  (State)  yland
alive on 1914 14, 1957, ond that declaration of the state	oth occurred of 210 A. M., fram the causes ond on the ADDRESS (Street, city or town, state)  M.D. Call Edward Concerns (City, town, or county)  Ational Cem. Baltimore, Mar.  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	date stated above.  DATE SIGNED  1. 24 May 4-13  (State)  yland  NTURE

THE MALE STREET STREET STREET STREET

director eath. Page Proshould by 12 PHYSICIAN: The law requires that the death certificate be executed within 24 hours puo .= and campletely filled Pages 1 popers. death. remove carbon within 72 haurs after the attending physician has been signed by in ony the registrar priar to burial, crematian, ar removal, and far use as the burial-transit After this certificate page 3 should be TO FUNERAL DIRE O HOSPITAL

VS A15 (4)

15M 10/57

	ATE OF DEATH  Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  BC/+0.  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Balto
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR, TOWN (If outside corporate limits, write RURAL and give nearest town)  52 Catons VIIIe
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 10/3/4a///mont Rd.	d. STREET ADDRESS 1013/ta/liment Rd e. IS RESIDENCE ON A FARM? YES \( \sigma \text{NO} \)
3. NAME OF DECEASED (Type or print) Richard Lloud	Lost 4. DATE Month Day Year OF DEATH April 25 195
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH  9. AGE in years  IF UNDER 1 YEAR IF UNDER 24 HE  March 16. 1955  4. Yrs.  18. DATE OF BIRTH  Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life every if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT Columbus 9a. 4. S. A
Lloyd H, Ency Jr,	Beatric B. Hannam.
15. WAS DECEMSED EVER IN U. S. ARMED FORCES? J.K. SOCIAL SECURITY NO. 17. II	NFORMANT Address c. Lloyd H. Ency In -1013 Hallimontk
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Mylodarco	ma-Retropharyngeal interval Between ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATIO YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (Stote) Hour 0. m. While Not while of work p. m. aftended the deceased fram 22, that I last saw the deceased and that death accurred at M, fram the causes and an the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR arthur & Kraus

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			1/4	
*		A CONTRACTOR		

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3990

**CERTIFICATE OF DEATH** 

03966

Reg. Dist. No.

o. COUNTY	altimore	MARYLAN	II O STATE	nere deceased lived. If institution b. COUNTY	Baltimore  Baltimore
b. CITY OR TOWN (II RURAL ond give ne	outside corporote limits, write orest town). Le River	c. LENGTH OF STAY IN 1		outside corporate limits, write RUI	RAL and give nearest town)
OR INSTITUTION	AL (If not in hospital, give stre Nursing and	_	/ d. STREET ADDRESS 518	s. 48th St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JOHN First	Middle F	ENGELMEYER	4. DATE Month OF DEATH Apri	
s. sex Male		RRIED NEVER MARRIED DIVORCED		lost histhday)	Months Doys Hours Min.
10a. USUAL OCCUPATIOn during most of work	ing life, even if retired)	b. KIND OF BUSINESS OR IN Balto. Gas&El	DUSTRY 11. BIRTHPLACE (Stole Baltimo		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
	oh F. Engeln		Mary		
Yes, no. or unknown)	IN U. S. ARMED FORCES? If yes, give war ar dates of service)		Mrs. Marie I	. Droll 518	s. 48th St.
	TH [Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	line for (o), (b), and (c).]	ccident		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if or gove rise to in couse (o), stoting lying couse lost.	y, which (b)	Interior cle	rotic heart	disease	10 years
	(-)	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING [] 20b. D  CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in I	Port I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	Whi		PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	, 20f. (City or town)	(County) (State)
21. I certify the	at Lattended the dece		oth occurred at 430 F	4/22, 1959	that I last sow the deceased and on the date stated above.
ACTUAL SIGNATURE	May /5	Line		ADDRESS (Street, city or town, st as ferry Que	
PHYSICIAN'S NAME (Type)	MAX BAUL	Ч	Bretie	ere 24 Md	
220. BURIAL, CREMATION REMOVAL (Specify)	4-25-50	22c. NAME OF CEMETER	OR CREMATORY WN CEM	22d. LOCATION (City, town, or 7225 EASTE	COUNTY) (Stote)  RN BLUD, BALTOCO
23. FUNERAL DIRECTOR'S	Signature 9	OIS CONKLIABALTO, 25	VEST.		RAR'S SIGNATURE

may be retained he hospital ar attending physician.

O FUNERAL DIRECAR: After this certificate has been signed by the attending physician and campletely filled in by the control director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs offer death. death: Page 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft may be retained TO FUNERAL DIRE VS A1S (4) 15M 10/S7

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### 3991 **CERTIFICATE OF DEATH** funeral director, ald be filed with death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND N b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If dutside carporale limits, write RURAL and give nearest town) RURAL and give nearest town atonsvill the attending physician and completely filled in by fun. Then please remove corbon/papers, Pages 1 and 2 shauld d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS 100 ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours death. 10 13. the registrar prior to burial, cremotion, or removol, and in any event within 72 hours after detoched for use os the burial-transit MEDICAL CERTIFICATION page 3 should moy be retoine TO FUNERAL DI VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

d. NAME OF HOSP	ITAL (If not in hospital, g	give street address)	d. STRE	ET ADDRES	5			e. IS RE	SIDENCE
OR INSTITUTION	House in	the PINES		100	N. He	ghland	0		A FARM?
NAME OF DECEASED (Type or print)	HERM	11 - 11	ENGN	Lost	4. DATE OF DEATH		PK 1	Day 19	Year 19 5 9
SEX M	6. COLOR OR RACE	7- MARRIED NEVER MARRIES WIDOWED DIVORCED	- 1 10 1		1871	9. AGE (In years last birthday) 87 yrs	Months E	YEAR IF UND	Min.
during most of wo	ON (Give kind of work rking life, even if retired インドス	done 10b. KIND OF BUSINESS OF BUILD INC		-	TLIN,	GERMAN	1 110	TURA	COUNTRY?
FATHER'S NAME CHA	RLES	ENGNOT		ER'S MAIDE	meli	a	MA	RKS	
WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s			H. E	ggnoth	2 3309 <sup>Ad</sup>	dress Alamod	la Bly	rd.
	ATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Thrombo	is, L	temo	ral an	try		INTERVAL BI	DEATH COURS.
Conditions, if		ats and	- 1		urral	iged		>104	rars
couse (a), stating lying cause last	The under-	, Dealet	is hur	elit	us			710 1	m
Bu	righ Pm	ostatic Hyp	satrople	y —		SE CONDITION G	VEN IN PART	1(o) 19. WAS PERFO YES	DRMED?
OR CONTRIBUTING	AS UNDERLYING DEATH GOCAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE HOW INJUST OC	CURRED. Enter not	e af injury	in Part I or Par	rt II of item 18.)			
20c. TIME OF INJU Haur a.m. p.m.	,/,	or 20d. INJURY OCCURRED While Not while at work at work	20e. PLACE OF INJU factory, street,	IRY (Home, I office bldg.,	farm, 20f. (City etc.)	y ar tawn)	(Ca	ounty)	(State)
21. I certify to alive on / c	hat I attended the 8 apr		death occurred		ADDRESS (S			e date stat	
PHYSICIAN'S NAME (Type)	CONRAD	ACTON M.	D.	Ba	eto 2	, had			
BURIAL, CREMATION REMOVAL (Specify Buria)	28 Apri	1 59 Oak Law				TION (City, lown,		land <sup>(510</sup>	le)
John A		3000 E. Balti	more St.		APR 2 2		istrar's sign		

13854 Tarrey 12867	ATS OF DEATH	CERTIFIC	
		SWORK	She she
	(s. 1.1) = 0.		
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ST DESCRIPTION OF STREET			
latinone, harring		Charles and C.	

Ullrich Funeral Home 2112 Du

PHYSICIAN: The law requires that the death certificate be executed within 24 hours af TO HOSPITAL OR

VS A15 (4)

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NESS OR INDUSTRY 11. BIRTHPIACE (State or foreign country)  Finland  14. MOTHER'S MAIDEN NAME  DON'T. KNOW  Address  Mrs Anna M Ashton 8108 Long Point Road  INTERVAL BETWEEN  NNSET AND DEATH  ONSET AND DEATH  TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  JURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  RED  20e. PLACE OF INJURY (Home, form, form, foctory, street, office bldg., etc.)  ADDRESS (Street, city or town, stole)  M.D.  ADDRESS (Street, city or town, stole)  M.D.  22d. IOCATION (City, town, or caunty)  Balto Co  24d. REC'D BY REGISTRAR'S SIGNATURE	ilmG241 RTIFIC	4-20-5 ATE OF D	DEATH		126, 1	Reg. D	130	68	
Dimdalk  d. STREES ADDRESS Long Point Road  e. IS RESIDENCE ON A FARWY YES   NO    MARRIED   B. DATE OF BIRTH  VORCED   Sept1971880   9. ASE (In years   IF UNDER 14 FINDER 24 HI  VORCED   Sept1971880   12. CITIZEN OF WHAT COUNTR  Finland   14. MOTHER'S MAIDEN NAME  DON'T know   12. CITIZEN OF WHAT COUNTR  ITY NO. INFORMANT   Address   NAME    DON'T know   Address   NAME    DON'T know   NAME   NAME    DON'T know   NAME   NAME   NAME    DON'T know    DON'T know   NAME    DON'T know    DON'	MARYLAND								ion)
Middle  Lost  A. DATE DEATH DOOR TEAR DEATH DEATH DEATH DEATH DEATH DEATH DOOR TEAR DEATH DOOR TEAR DEATH DE	F STAY IN 1b	c. CITY OR 1	53						
MARRIED   B. DATE OF BIRTH   9. AGE (In year lost brithdoy)   B. DATE OF BIRTH   9. AGE (In year lost brithdoy)   To yes.   Doys   Hours   Min   Months   Doys   Hours   Min   Min   Months   Hours   Min   Months   Doys   Hours   Min   Months   Doys   Hours   Min   Months   Min   Months   Hours	A	d. STREET 8.		oint	Road			ON A	FARM?
MARRIED   B. DATE OF BIRTH   9. AČE (In years lost birthday)   FUNDER 124 H		Las	4. DATE OF DEATH	4 Ann				'	
Finland  14. MOTHER'S MAIDEN NAME  DON'T KNOW  MTS Anna M Ashton 8108 Long Point Road  INTERNAL BETWEEN  CALLY 2 A A LONG  DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  JURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  RED  20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  And the course of injury in the couses ond on the dote stoted obove the course of injury in Port I or Part II of item 18.)  ADDRESS (Street, city or town, stote)  M.D.  22d. LOCATION (City, town, or caunty)  Balto Co  24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	MARRIED	Sept197	1880	9. AGE lost b	(In years irthdoy)	Months	Doys	Hours	Min.
INFORMANT  MTS Anna M Ashton 8108 Long Point Road  INTERVAL BETWEEN  AND DEATH  TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO  JURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.)  RED 20e. PLACE OF INJURY (Home, form, form, foctory, street, office bldg., etc.)  A thought to the decease of the dots stoted obout the decease of the decease o	NESS OR INDU	Fi	nland	country)					OUNTRY?
TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO DIVINITY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.)  RED 20e. PLACE OF INJURY (Home, form, form, foctory, street, office bidg., etc.) 20f. (City or sown) (County) (Stored that deoth occurred a) (County) (County) (Stored that deoth occurred a) (County) (County) (Stored that deoth occurred a) (County) (County) (County) (Stored that deoth occurred a) (County) (Count	M	NFORMANT					INTI	ERVAL BE	TWEEN DEATH
PERFORMED? YES NO DIVINITY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  RED 20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 20f. (City or sown) (County) (Stored that deoth occurred a) 10 mm the couses and on the date stated above abovess (Street, city or town, state) DATE sign.  M.D. 1303 FY2 (PY) (Stored that are also become a county) (Stote) Balto Co  24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	TO DEATH BUT	21d						• WAS	AUTOPSY
20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.)  19  10  10  10  10  10  10  10  10  10			4 1 1 1 1			214 114 174	(6)	PERFO	RMED?
that death occurred a) 50 Part from the couses and on the date stated above the decease of the d	JURY OCCURRE	D. (Enter noture o	r injury in Port I or Po	in II or iie	m 16.)				
that death occurred a formation the couses and on the date stated above the state of the state o	RED 20e. PL	ACE OF INJURY (ctory, street, office	1 4	y or rown	1-9			v the d	(Stote)
Lawn Cemetery Balto Co  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	T	/	150 PANDOMESS (	the constreet, city	uses on	d on th		stoted	obove.
Lawn Cemetery Balto Co  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	th	C	efons	VI1/	2	281	nd		1/3
100 4 0 150 G -1 6 14						or county)		(Stote	e)
ICALA AVE	ndalk A	ve	DATE APR 1 3						

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03969

3003	CERTIFIC	ATE OF DEATH  Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) o. STATE Baltimore	
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)  WOOGLAWN	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  X Woodlawn	
d. NAME OF HOSPITAL (II not in hospital, give street of Institution 6030 Windsor Mill R	oddrass)	d. STREET ADDRESS 6830 Windsor Mill Road e. IS RESIDER ON A FAI YES NO	RM?
3. NAME OF DECEASED (Type or print) Minnie M. Flor		Last 4. DATE Month Day Yeor OF DEATH April 24 1959 19	
Female White WIDOWE		184 TO TO (5   05 yrs.   1	HRS. Min.
	At home	USTRY 11. SIRTHPLACE (State or foreign country)  Baltimore Maryland  U.S.A.	UNTRY?
13. FATHER'S NAME August Schwartz		Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  IYes, no or unknown)  (If yes, give wer or doles of service)		harles I.Flora6830 Windsor Mill R	d
18. CAUSE OF DEATH [Enter only one couse per lin  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under- lying couse last.  (b)  DUE TO	RTERIOSC	EMBOLISM INTERVAL BETWEEN SET AND DER 18 AND	PS
PART II. OTHER SIGNIFICANT CONDITIONS C		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTT PERFORME YES NOTED. (Enter nature of injury in Part 1 ar Part II af item 18.)	D?
20c. TIME OF INJURY Manth, Day, Year 20d. IN Haur a. m. 19 While at wark	Nat while fa	PLACE OF INJURY (Hame, form, 20f. (City or tawn) (County) (County)	State)
21. I certify that I attended the decease alive on April 24, 195  ACTUAL SIGNATURE Melvin N. Borden NAME (Type) Melvin N. Borden	9, and that death Borden	ADDRESS (Street, city or town, state)  M.D. 5000 BALTIMORE NATIONAL PIKE	bove.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL April 27/59 23. FUNSRAP DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY OF LOUDON Par ADDRESS 1300 Euts	(Sidie)	

TO HOSPITAL OR may be retained TO FUNERAL DIRE VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

CERTIFICATE OF DEATH	
	in the
	Commence of the second

3994 CERTIFICATE OF DEATH Rea. Dist. No filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) M RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 72 YES NO IN NAME OF 4. DATE OF DEATH Middle Year Day DECEASED (Type or print) 12 5 19 5. SEX 6. COLOR OR RACE 9. ACL (In years lost birthday) 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Doys Hours Min. WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of Aduring most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY! foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JHO 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI If yes, give war at dates of service CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying cause lost, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a. fi. While Nat while p. m. of work of work 21. I certify that I attended the deceased fram. ... 19.59 that I last saw the deceased and that death occurred at 2.4512.M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE DIR 0 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE APR 2 3 159 15M 9/55 arthur S. Haus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3995 CERTIFICATE OF DEATH

Reg. Dist. No. 3971

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY Baltimore MARYLAND	o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If deside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
RURAL and give parest town) Parkville	* Parkville
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS
OR INSTITUTION 3047 Woodside Avenue	3047 Woodside Avenue VES NOD
3. NAME OF First Middle	
DECEASED AA	7 OF 1 111
iivos. Sopitaa	DATE OF BIRTH 9. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS.
1 1 1	Nov. 23, 1888   Note that the lost birthday   Months   Doys   Mours   Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewite	Baltimore, Maryland USA
13. FATHER'S NAME 0	14. MOTHER'S MAIDEN NAME
Charles Schmidt	Eilhelmina Eckhardt
	FORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	r. John J. Franz, 3047 Woodside Avenue
18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
153,2 DUE TO	COCCAN AND
Condition to the state of the state of	of descending colon 16 10.
Conditions, if any, which gove rise to immediate (b)	of hescending wan 16116
cause (a), stating the <u>under-</u> lying cause lost.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
The ACCIDENT WAS UNDERSTOOD FT. LOW DESCRIPE HOW IN HURY OCCUPAND	(Enter noture of injury in Port I or Port II of item 18.)
WO ACCONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (ciner notice of injury in control control in our control
	CE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
Hour o.m. While Not while fact	ory, street, office bldg., etc.)
a	· m · m · in · i
21. I certify that I attended the deceased from	1958, to april 4, 1959, that I last saw the deceased
alive on a state of the state o	occurred at 92154M, from the causes and an the date stated above.
ACTUAL HE DOD BY THE	ADDRESS (Street, city or town, state)  DATE SIGNED
SIGNATURE MAIOLA al Mott. M	1.0. 8100 Harford Mel - 7/4/5
PHYSICIAN'S HAROLD A. GROTT, to	0. Balto, 14, Ma
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 4/7/59 Parkwood (es	metery Baltimore, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Leonard J. Ruck 5305 Harford Road	DATE APR 7 '59 Outland & thouse

BANGER COMMITTEE TO SERVICE THE SERVICE TH		BACHERA BUR DE VENEZIONE A LA CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE		
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		The state of the s		19.000
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	)RE, 18
3925 MEDICAL EXAMINER'S CERTIFICATE OF DEA	TH ,

		3925MED	ICAL EXAMIN	IER'S CERT	IFICAT	TE OF D	PEATH	Reg. Dist.	3972	
Ë	COUNTY Baltimore			YLAND a. STATE	Maryl	and	b. COUNT	Balti	e before admission	
100	ond give nearest town	Station	c. LENGTH OF STAY			rs Sta	ote limits, write	RURAL and gi	ive nearest town)	
_		al or institution (if a and Avenue	ot in hospital, give street addre	d. STREE	17 Wo	odland	Avenu	le	e. IS RESID ON A FA YES N	ARM?
1	NAME OF DECEASED (Type or print)	DA VID	Middle CHARLES		EMAN	4. DATE OF DEATH	Month		th, 195	
5. S	male		MARRIED NEVER MARRIE	36			AGE (In years lost birthday)	Months 2		
10a	. USUAL OCCUPATION COLOR	ON (Give kind of work doring life, even if retired)	e 10b. KIND OF BUSINESS OF			or foreign cour		12. CITIZE	N OF WHAT COL	UNTRY
13.	FATHER'S NAME Robe	ert S.Free	man		ry Na	NAME <b>rowans</b>	ky			
15.  Yes.	WAS DECEASED EV	ER IN U. S. ARMED FORCI III yes, give wor or dates of serv	16. SOCIAL SECURITY NO		Mary :	N.Free	Address man	same	as #2	
	PART I. DEAT  772.0  Conditions, if a gove rise to immed (a), stating the cause last.	diate cause	Mulnu	Tuh.	n				interval activeen object and death 26 class	95
CERTIFICATION	PART II. OTH	JSE WAS 20b.	DESCRIBE HOW INJURY OCCU	****				EN IN PART I	PERFORME	
MEDICAL C	20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Year	20d. INJURY OCCURRED While Not while at work ot work	20e. PLACE OF INJUR' factory, street, off	Y (Home, form ice bldg., etc.	20f. (City of	town)	(Count	y) (S	State)
		from: Natural co	f the remains describe	], Suicide [],	n Autops Homicide	Und	pection <b>(</b> , etermined c	Inquiry ouse .	DATE SIGN	
	EXAMINER'S NAME (Type)	Jack C.Co	llins			AL EXAMINER (			4/14/59	)
E	BURIAL, CREMATIC REMOVAL (Specify) BUTIAL FUNERAL DIRECTOR	April 14		tery or crematory	tert 24a, REC	Balt	imore R 24b. REGIS		(State)	ad.

VS. A15ME(5) 5M 9/55

minutes and the second Environment Carlot Carl Act of magnifered by and died Brassager of another factors one in the state of the stat

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death. Page 4

VS A1S (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
3995	CERTIFICATE	OF DEATH	

	03	9	7	3
0.0	Dist No.			

PLACE OF DEATH     o. COUNTY	Baltimore		MARY	LAND	2. USUAL RESIDENCE (* o. STATE Ma:	Where deceased ryland	d lived. If institution b. COUNTY	on: Residence	before admis	ssion)
b. CITY OR TOWN	(If outside corporate limits	write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	f outside corpo	rote limits, write R	URAL ond giv	re nearest tow	vn)
RURAL and give n		2	22yr9mth23	dys	Baltimor	е	3	VO1.	-11	
d. NAME OF HOSPI	TAL (If not in hospital, give	e street ad	dress)		d. STREET ADDRESS					SIDENCE
SPRING G	ROVE STATE	HOSE	PITAL		1729 Bank	Street				A FARM?
3. NAME OF DECEASED (Type or print)	Leah		Middle F1	iedm	ann lost	4. DATE OF DEATH	April		19 <sup>Doy</sup>	Yeor 19 59
S. SEX	7 * 4		D NEVER MARRIE		DATE OF BIRTH	00	9. AGE (In years lost birthday)		YEAR IF UND	
female		WIDOWED			March, 18		82 yrs.		110013	
during most of wor HOBSEW	ON (Give kind of work dorking life, even if retired)	ne 10b. Kl	ND OF BUSINESS O	R INDUST	INY 11. BIRTHPLACE (Sto		ountry)		thuani	1 -
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Katus				Unknow	n				
	ER IN U. S. ARMED FORC		CIAL SECURITY NO.	17. IN	FORMANT		Add	ress		
NO (Yes, no. or unknown)	(It yes, give war or dates of sen		ıknown	Re	cords: SPR	ING GR	ROVE STA	TE HO	SPITAL	
18. CAUSE OF DE	ATH Enter only one cou								INTERVAL B	FTWFFN
Conditions, if a gove rise to i couse (a), stoting lying couse lost.	the under-				cardiovasc	3416				
PART II. OT	HER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEA	1 TUB HTA	NOT RELATED TO THE TER	MINAL DISEASI	E CONDITION GIV	'EN IN PART 1	PERF	AUTOPSY ORMED?
200. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRI	BE HOW INJURY O	CCURRED	. (Enter nature of injury i	in Port I or Port	t II of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 19	20d. INJU While of work [	Not while	20e. PLA	CE OF INJURY (Home, fo ory, street, office bldg., o	erm, 20f. (City	or town)	(Co	unty)	(State)
	hat I attended the a	deceased		1	19 54 10	April	19 , 19 59	,that I la	ist saw the	deceased
alive on Ap	<u> </u>	, 19_22	, and that	death	accurred at 6:30					
ACTUAL SIGNATURE	Stella "	Vac	elester	M	.D. SPRING	GROVE	STATE	HOSPIT		1-20-59
PHYSICIAN'S NAME (Type)	Stella Wach	sler,	M. D.		Catons	ville 2	8. Maryl	and		
220 BURIAL, CREMATIC DEMOVAL (Specify	ON, 22b. DATE THEREOF	59	22c. NAME OF CEME	Ra	CREMATORY	22d. 19CKT	HON City, town, of	or county)	no	ite)
23. FUNERAL DIRECTOR	's signature an	2 112	ADDRESS	- 11.		C'D BY REGIST		STRAN'S SIGN		
XINY NUM	en wis	-111	4-10 W.	NO	UM MODATE !	IPR 2 2 '5	9 a	thun & ?	trans	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRE

VS A15 (4) 15M 10/57

death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3997 CERTIFICATE OF DEATH

Reg. Dist. No

1. PLACE OF DEATH BALTIMORE COUNTY MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY 3 V 01-4
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Acres 12	30A Baltimore City (Balto 26)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Spring Grove State Hospilal	
3. NAME OF Stanislaws Middle (Type or print) Or	OF CONTRACTOR OF
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	TO DATE OF THE PROPERTY OF THE
M WIDOWED DIVORCE	less birindoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
13. FATHER'S NAME	Heeld Polana U.S. A.
13. FAITHER'S NAME	7
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	
(Yes, no. or unknown) (If yes, give wor or dates of service) 21º7-01-381.	3 Records from Spring Grove State Hospital
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) Arterios eleve	ofic Neart Disease
420.0 DUE TO	
Conditions, if ony, which gave rise to immediate	a Arkerias clerosis
couse (a), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of wark of wark	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City ar tawn) (County) (State)
21. I certify that I attended the deceased from July	19 , 19 55, to 4001/13, 19 59, that I last sow the deceased
	death accurred at 9: 20aM, from the causes and an the date stated above
22 /2.	ADDRESS (Street, city or town, state) DATE SIGNED
ACTUAL SIGNATURE SULLE RUPLE	MO 1012 HARTMONT RD. 4-18-5
Sidnatura Juliana	BALTO, Z.Q. Md.
PHYSICIAN'S PRISTIDES M. SIMOF	POVILUS
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMINE PROVAL (Specify)	ETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	8 00 ) 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
William 3 Fralkouse	Castur Gu DATE APR 21 '59 Corthun S. House

4 10 10 6 #57 3000 Back Me Aller Provide the County of the Coun

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VS A1S (4) 1SM 9/SS

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03075

		<b>3</b> 3	93	CERT	IFIC	ATE OF E	DEATH			Reg. D	ist. No.		
1.	PLACE OF DEATH	Baltimore		MAI	RYLAND	o. STATE	Mary 1		d lived. If instituti b. COUNTY		tim		sion)
	RURAL ond give n	If outside corporate limited earest town onsville	ts, write	c. LENGTH OF STA			Reist		orate limits, write R				n)
	d. NAME OF HOSPIT OR INSTITUTION FOREST	TAL (If not in hospital, go Haven Nu				d. STREET A		emus	Road				SIDENCE FARM?
1	NAME OF DECEASED (Type or print)	Ida	st	Mar Mar	e gar	et Gar	nber	4. DATE OF DEATH	Apri		9	•	Yeor 19 59
5. 5	Tr.	6. COLOR OR RACE	7. MARE			B. DATE OF BIRT		72	9. AGE (In years lost birthday) 87 yrs.	Months	R I YEAR Doys	IF UND Hours	ER 24 HRS. Min.
10a	. USUAL OCCUPATION of wor House	ON (Give kind of work king life, even if retired OWITE	done 10b.	KIND OF BUSINESS	OR IND		ACE (Stote or ylan		ountry)	12. C		F WHAT	COUNTRY
13.	FATHER'S NAME			a to the same		14. MOTHER'S	MAIDEN N	AME					
	J	ohn Tilln	nan			Sı	ısann	a Ecl	kman				
15. (Yes		R IN U. S. ARMED FOR (If yes, give wor or dates of s		None					Add				e Md
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	1	ne for (0), (b), ond (0)	e).]	MKY	80	Ely	of -		ONS	ERVAL BE	TWEEN
ATION	Conditions, if o gove rise to i carse (o), stoting lying couse lost.  PART II. OTI	mmediate (	)	PNE PNESH CONTRIBUTING TO C	EATH BU	CEGAC	THE TERMIN	NAL DISEAS	E CONDITION GIV	'EN IN PA	RT 1(o) 1	PERFC	AUTOPSY PRMED?
CERTIFIC	LOR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURR	ED. (Enter noture o	f injury in P	ort I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yes	While	NJURY OCCURRED  Not while of work		LACE OF INJURY ( actory, street, office			or town)		(County)		(State)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	frolument of the state of the s	12_			, 19.6 h occurred at M.D. 55		M, franconess (SI	treet, city or lown,	and an stote)		te state	
220	BURIAL, CREMATIC			22c. NAME OF CE				Station .	TION (City, town,		m	(Stot	e)
		Tapa 42	1959		ark	Cemeter	y	Keis	sterstow	7		Md	
	FUNERAL DIRECTOR	4 Signature	ons	Reist	erst	cown Md		BY REGIST		STRAR'S SI			

BIT SROWING ENGLASHING THE A TRANSPORTED GRADING AN MINIMILITY 124 Mg 74 M 10 M 100 M 1 THE PARTY OF THE P Benefit of the first time of the control of the con week hards and no per his section at most it to be a second of the residence of the property of

03976 Reg. Dist. No.

O. COUNTY BALTIMONE	- M	ARYLAND 0. ST		b. COUNTY	Ral fiman	19
b. CITY OR TOWN (If autside carporate lin RURAL and give nearest tawn)	mits, write c. LENGTH OF ST	AY IN 1b c. CI	Y OR TOWN (If autside carr	porate limits, write RUK	L and give nearest town	1)
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street address)	1 d. ST	REET ADDRESS 02 Philad	tolphia 1		FARM?
3. NAME OF DECEASED	FORMO	11	Lost 4. DATE OF	10		Year
(Type or print) JOHN  5. SEX 6. COLOR OR RACI	7. MARRIED NEVER MA		F BIRTH DEAT	9. AGE (In years IF	UNDER I YEAR IF UND	
10a. USUAL OCCUPATION (Give kind of world		CCED   /-/-/	3-18-85 IRTHPLACE (State or foreign	70 yrs.	anths Days Hours	Min.
Settled Bysiness M	an Welding	20·	Spain	country)	115 A	COUNTRY
John Garcia		14. MO	THER'S MAIDEN NAME	ours		
15. WAS DECEASED EVER IN U. S. ARMED FO	PRCES? 16. SOCIAL SECURITY (14 Provice) 213-07-16	NO. 17. INFORMAN		19 8402	Philad db.	hà ho
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	Marta	i Han	mourhag	2	INTERVAL BE	TWEEN DEATH
Conditions, if any, which	Carcin	oma o	y Panci	eus	24	es
gave rise to immediate cause (a), stating the <u>under-lying</u> cause last.	(c)				/	1
PART II. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMINAL DISEA	SE CONDITION GIVEN	PERFO	AUTOPSY PRMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter no	ature of injury in Part I or Pa	ort 11 of item 18.)		
20c. TIME OF INJURY Month, Day, Y Hour o. jr. p. m.	ear 20d. INJURY OCCURRED While Not while of work at wark		JURY (Hame, farm, 20f. (Ci , office bldg., etc.)	ty or town)	(County)	(State)
21. I certify that I attended th	100	y 1 , 15	58, 10 april		hat I last saw the	
actual AMA		of death accurre	d at A A M, fro	Im the causes and Street, city or town, stat		d above.
SIGNATURE TO THE STATE OF THE S	mgarane	M.D. /	sallo 6	ma	4/29	159
	Baumgardner				·	
PEMOVAL (Specify) 4-28	-59 ARLING	ton NOT'L	Cen7. 17-12	ATION (City, town, or co	va . (State	:)
3. FUNERAL DIRECTOR'S SIGNATURE	Has 740	1 Estais 1	DATE 240. REC'D BY REGIS	59 24b. REGISTAN	R'S SIGNATURE	

		CERTIFICA	*
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An and Same Report State of the Control of the Cont			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Baltimore a. STATE Md. b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest lowel Arbutus d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Leeds Ave 4601 Leeds Ave. YES NO T 3. NAME OF 4. DATE Middle DECEASED CHARLES GILBERT OF DEATH April 7,1959 (Type or print) 19 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdoy) Male White Sept.3.1887 Days Hours WIDOWED [ DIVORCED [ popers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Grocer Self Baltimore Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Gilbert Theresa Ames 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Margaret Gilbert. 4601 Leeds Ave 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO IN 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) 20d. INJURY OCCURRED (County) (State) foctory, street, affice bldg., etc.) Haur o. m While Not while at wark at wark 21. I certify that I attended the deceased from Athat I last saw the deceased , and that death accurred at AMM, from the causes and on the date stated above. alive on William DATE SIGNED ACTUAL prior FUNERAL DIR PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Loudon Park 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATEAPR

Howard H. Hubbard 4107 Wilkens Ave

VS A1S (4) 15M 10/57

OF DEATH	ESTINCATE	**		
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. st. shart i				
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Constitution of the consti				
		igeof.	Charles D	
ers the Took reently sens	roll treat	10 810		
	,			

# 8: After this certificate has been signed by the attending physicion and completely filled in by the present ached for use as the burial-transit permit. Then please remaye carbon papers. Pages I and 2 should be filed with ouried, crematian, or removal, and any event within 72 hours after death.

deoth. Poge 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

ne hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

### **CERTIFICATE OF DEATH**

03978

			100000000000000000000000000000000000000					Keg. Dist.	140.	
1. PLACE OF DEATH a. COUNTY	Baltimore		MAR	YLAND	o. STATE Mary	here decesse 7land	d lived. If institut b. COUNTY		Before adm	ission)
b. CITY OR TOWN ( RURAL and give n	If autside carporate limit earest tawn)	, write	c. LENGTH OF STAY	11/	Xc. city or town (if a Baltimore	outside carpo	orate limits, write l	RURAL and giv	e nearest ta	wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, gi 3613 Kerma			1	d. STREET ADDRESS 3613 Kenmar	Road	#7		ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	First DORIS		Middle		CILLASPEY	4. DATE OF DEATH	Apr		Doy 1959	Year
5. SEX Female	6. COLOR OR RACE	7. MARR		_	Pate of Birth Feb. 21, 188	37	9. AGE (In years lost birthdoy)		YEAR IF UN	
100. USUAL OCCUPATION during most of work Retired Ho	king life, even if refired)	ane 10b.	KIND OF BUSINESS O		Y 11. BIRTHPLACE (Stole Maryland			12. CITIZI	EN OF WH	AT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
Eugene Har	ris				Clara Nic	cholso	n			
15. WAS DECEASED EVE (Yes. no. or unknown) NO	R IN U. S. ARMED FORG		Yes		Col. Brune	N. Gi		lress 3725 Wa	ashing	gton Av
Conditions, if a gave rise to i cause (a), stating lying cause last.  PART II. OTI	the under-	Hyp. DITIONS C	CULTURE TO DE	ATH BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	Testing VEN IN PART I	PER	S AUTOPSY FORMED?
200. ACCIDENT WAR	AS UNDERLYING  COUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter nature of injury in	Part I ar Par	t II af item 18.)			
Y 20c. TIME OF INJUR Hour a.m. p. m.	RY Manth, Day, Yea	While	Not while of work	20e. PLAC facto	E OF INJURY (Home, form ry, street, affice bldg., etc	20f. (City	ar tawn)	(Cou	unty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	CEMEN C	195	Leeler	death a	o. Herria	M? from	n the couses of	and another water	date sto	
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	DN, 226. DATE THEREON		Lorraine		Cemetery		TION (City, town, ltimore,			lote)
23, FUNERAL DIRECTOR	S SIGNATURE	for	ADDRESS	m	A- DATE	D BY REGIST	HEA.	STRAR'S SIGN		

page 3 should be detached for use as the burial-tronsit permit; the registrar prior to buriol, crematian, or removal, and in any may be retained TO FUNERAL DIRI VS A15 (4) 1SM 10/57

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all full conf		TADEMWED.		
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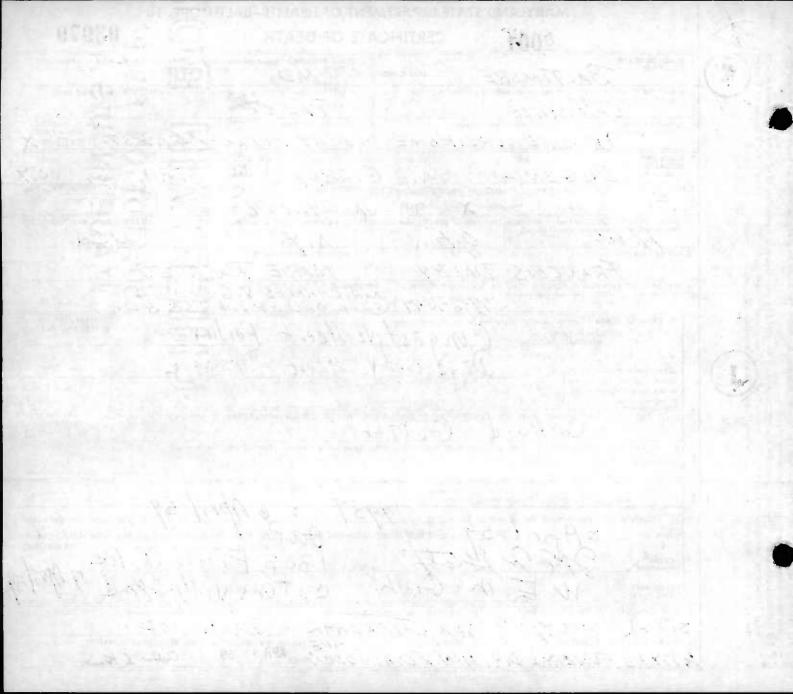
VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4007 CERTIFICATE OF DEATH

Reg. Dist. No. 3979

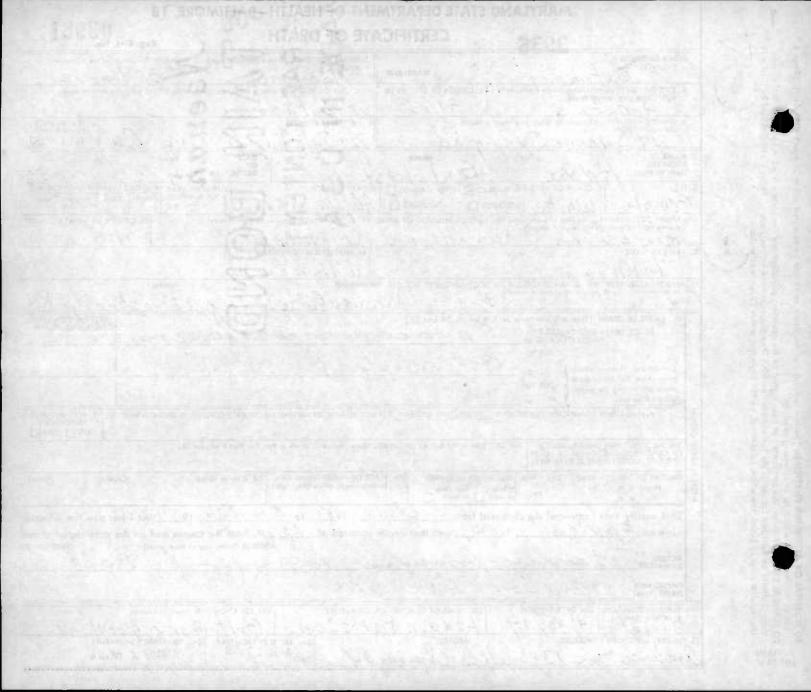
1. PLACE OF DEATH o. COUNTY	BALTIM	ORE	MARYLANE	O STATE	NCE (Where decease	d lived. If institution b. COUNTY	an: Residence bei	fore admission)
b. CITY OR TOWN RURAL and give	(If outside carporate lin	nits, write c. LE	NGTH OF STAY IN 11	c. CITY OR TO	WN (If outside corpo	orate limits, write R	URAL and give n	earest town)
	ATONSVIL		20/4/11	BH	11101	31	101-4	
OR INSTITUTION			. /	d. STREET AD	- 7	D CD.	100	e. IS RESIDENCE
			HOME	1529			VE ST.	YES NO
3. NAME OF DECEASED (Type ar print)	EUGEN	// <del>/</del> /	Middle	GILRO	4. DATE OF DEATH	APR	12 6	Day Year
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	10001	9. AGE (In years last birthday)	Manths Doys	AR IF UNDER 24 HRS Hours Min.
71	W.	WIDOWED [	DIVORCED	JANI24,	1874	SIS yrs.		
during most of w	TION (Give kind af wark orking life, even if retire U	done 10b. KIND	OF BUSINESS OR IN	DUSTRY 11. BIRTHPLA	CE (State or foreign o	ountry)	12. CITIZEN	SA,
13. FATHER'S NAME				14. MOTHER'S A	AIDEN NAME			
	-RANCOI	S DA	LBY	MI	RIE H	45QUE	T	
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FO		12-75-49	MRICHA 5200 OL	RLES V.C	SUN DIA	PD,	
18. CAUSE OF D	EATH [Enter only one o	ouse per line for	(o), (b), and (c).]	/	, .	,1	IN	ITERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (	0) (	marst	142 Hed	rt to,	14/2	01	ASET AND DEATH
422.	DUE TO		. J	-11 16 a.	1 7-	5016		
Conditions, if		b) DE	general	112 HEd.	nt si.	75975		
gove rise to couse (o), statin lying couse los	g the under-	(c)	7	\$1.67E				
PART II. O	THER SIGNIFICANT CO	O J C	CO /T	UT NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIV	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT V	WAS UNDERLYING AND CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter noture of	injury in Port 1 or Por	rt II of item 18.)		
20c. TIME OF INJ	1.	While	OCCURRED 20e. Not while	PLACE OF INJURY (He foctory, street, office	ome, farm, 20f. (City bldg., etc.)	y or town)	(County	y) (Stote
	that Lattended the	e décensed fr	ram /	95 /10	10 6 11	0///19	that I last so	aw the decease
alive an	6Abr	1, 1959	, and that dec	th accurred	PM, from			te stated abave
ACTUAL SIGNATURE	200	2 14	rath	M.D. 1 2	303 F	reder, city or town,	stotel Re	DATE SIGNE
PHYSICIAN'S NAME (Type)	W.E	= m	c Gratt	1 0	stons	Ville	Hmd	7 4/20
220. BURIAL, CREMAT REMOVAL (Speci		9F 9 20c.	NAME OF CEMETERY	OR GREMATORY HEDRAL	22d. LOCA	TION (City, town,	or caunty)	(State)
3. FUNERAL DIRECTO	OR'S SIGNATURE	11	ADDRESS	AUE	24a. REC'D BY REGIS		STRAR'S SIGNAT	URE
4/17545	FINIEDAI	Dip. 1.	IINI FDIN	MANDSHAV	DATE APR 9 '5	ig an	Chur 9 th	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	TY (Way)		option of the other sections

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



r death. Page 4 moy be retained the hospital or attending physicion.

TO FUNERAL DIR. OR: After this certificate has been signed by the ottending physician and completely filled in by the function, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after VS A1S (4) 1SM 9/SS

,		MARYLAND STATE DEPARTMENT	OF HEALTH-	BALTIMORE, 18					
		4003 Items 12,14 Film CERTIFICATE	OF DEATH	9 et	.g. 03982				
1	1.	1. PLACE OF DEATH O. COUNTY Baltimen MARYLAND 2. US 0.	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE ARXI GNA b. COUNTY						
/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)		c. CITY OR TOWN (Woutside carporate limits, write BURAL and give nearest town)						
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1/2 TOTAL A d	d. STREET ADDRESS  3 VICTORIA Rd YES						
	3.	3. NAME OF DECEASED (Type or print) Elizabeth Gen	/	DATE Month OF DEATH	Day Year				
	S. 5	S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DAT   WIDOWED   DIVORCED   NC	TE OF BIRTH 12-1189		UNDER I YEAR IF UNDER 24 HRS. onlhs Doys Hours Min.				
		100. USUAL OCCUPATION (Give kind of work dene during most of working life, even if refired)  13. FATHER'S NAME	Krmgni	ia	12. CITIZEN OF WHAT COUNTRY				
		Schwabe	MOTHER'S MAIDEN NAME Elizabe	th Shvale					
	(Ye	(Yes, no, or unknown) (If yes, give wor or dates of service)	Tex Goetz	e 3 Victo	Ría Rd.				
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which )  (b)	Hemorch & arterio	age, apople	INTERVAL BETWEEN ONSET AND DEATH				
i		gove rise to immediate cause (a), stating the underlying cause last.  DUE TO  (c)			3121				
)	CATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
	L CERTIFI		er noture of injury in Port 1	ar Port II of item 18.)					
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 40ctory. st 40ctory.	F INJURY (Home, farm, 20) freet, affice bldg., etc.)	of. (City ar town)	(Caunty) (State)				
		21. I certify that I attended the deceased from Tell 11, alive an Actual Signature M.D. M.D. M.D.			and I last saw the decease an the date stated above DATE SIGNE				
/		PHYSICIAN'S IRVING R. BECK MD	Pale	time rom	1				
	E	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREM	Racot 22d.	LOCATION (City, 18wn, or co	ounty) (Stole)				
	23. <u>L</u>	Leongr & J. Ruck Duc Bostignfund A	7		AR'S SIGNATURE  7 & Homa				

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		Charles I						
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	TOTAL TOTAL CONTRACTOR							
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VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 4004

Reg. Dist. No.

1	PLACE OF DEATH o. COUNTY  Baltimore  MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest (town)  Catons ville 21 days					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore  3 \( \sigma \) - 1/-							
4	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SPRING GROVE STATE HOSPITAL					d. street address 3500 Devonshire Drive  e. Is residence on A FARM? YES \( \) NO \( \)							
3.	3. NAME OF First DECEASED (Type or print) Hannah			Middle Hirschbe		tosi 4. DATE OF DEATH			Month April		Day Yeor 16 19 59		
5.	female	6. COLOR OR RACE white	7. MARR	HED A NEVER MARRIED  DIVORCED	-	Oct. 1			9. AGE (In years lost birthdoy) yrs.	IF UNDER Months		Hours	R 24 HRS. Min.
L	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NOUSEWIFE  13. FATHER'S NAME			Germany Germany Germany Germany							. CITIZEN OF WHAT COUNTRY?		
15	Morist:	z Hirschbe		SOCIAL SECURITY NO.	17 151	FORMANT	Sret	tta Fr					
	unknown	f yes, give war or dates of s	rvice	Unknown	-	cords:	SPRIN	IG CRO	Add VE STAT		SPIT	AT.	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED 8Y:  Uremia  UP TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last.  (c) Arteriosd entic cardiovascular disease										INTER	EVAL BET	WEEN DEATH	
CERTIFICATION	PART II. OTHI	UNDERLYING []	OITIONS C	CRIBE HOW INJURY OCC	H BUT N	OT RELATED TO	O THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART		WAS A PERFOR	RMED?
MEDICAL	20c. TIME OF INJURY Havr o. m. p. m.	Month, Day, Yea	While	Not while of work	0e. PLA	E OF INJURY ory, street, office	(Home, form, e bldg., etc.)	20f. (City	or town)	(C	ounty)		(Stole)
272	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	oril 16 Sella Stella Wa	Wal		leath (	occurred at  D. SPRI  Cat	NG GF	AM, from ADDRESS (SH ROVE		stote) SPITAI	e date	state	
23	JUNERAL DIRECTOR	SIGNATURE DE	9	ADDRESS 100 EX	tou	spe	<u>-</u>	BY REGISTI	PAR 24b. REGIS	STRAR'S SIG		XC.	

OT STOMERIAS - MEDICAR FO THE MEDICARD STATE PARTY AND A STATE OF THE PERSON OF THE PE HIAGO TO SHAD TURBO don't be a selected of the selection of AND THE RESIDENCE OF THE PARTY OF THE PARTY

### "MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4005 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) PLACE OF DEATH M o. COUNTY Baltimore b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Baltimore 1 Day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Sparrows Point Hospital 1614 1601 E. Lanvale Street ON A FARM? 2 direc YES NO PA 3 NAME OF 4. DATE Doy 18 Middle Month GRAY Year far your DECEASED OF Major 1959 and 3 ta the funer (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 38. DATE OF BIRTH 9. AGE (In years 2 with the r IF UNDER TYEAR IF UNDER 24 HRS. Male 6 Phothday) Months Days Hours Negro 3-28-1898 WIDOWED [7] DIVORCED [ YES. haurs after death. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Rethlehem Steel Virginia Handy Man 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Unkown Pages Unkown 40 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Give Edith Mae Gray 1614 E. Lanvale St No 213-09-0754 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN Instantaneous PART I. DEATH WAS CAUSED BY: COMPOUND FRACTURE OF SKULL IMMEDIATE CAUSE (o PUE TO Fracture of Right Frontal and Occipital Areas a burial-transit Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY OS PERFORMED? NO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Externature of injury in Port I or Port II of item 18.) Heavy Scrap Bucket Iell on his head Exam 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) 4-18-59 foctory, street, office bldg., etc.) While Not while Maryland Sparrows Point Balt. of work ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection IN Inquiry and find that Accident A death resulted from: Natural causes 7. Suicide Homicide Undetermined cause DIRECTO DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE D farwarded to ASSISTANT MEDICAL EXAMINER **EXAMINER'S** M.BDavis DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 0 Breoklyn Md. Buriel 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Uson 10m Beautis VS. A15ME(5) Cirilian & tomas 5M 9/55

## THIS MIDICAL EXAMINED STEETHER TO OF DEATH ... TO BE SHEET US STAND FOR THE STAND STANDS Carrier of Assembly Million of Branch Pro-Edge of Francisco

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4006 CERTIFICATE OF DEATH M 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Baltimore b. COUNTY MARYLAND Dorchester b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Fort Howard pino Days Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 22 Veterans Administration Hospital 103 Cemetery Avenue YES NOT 2 3. NAME OF 4. DATE Middle Month DECEASED RODNEY April 21 10 59 (Type or print) LEE DEATH GRAY 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last\_birthdoy) Months Days Hours White WIDOWED [ DIVORCED T Male YES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY Waterman - Retired Commercial Fishing Elliott, Maryland U. S. A. and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Delita Ann Harshman David Grav IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes or unknown Unk. Clin.Rec., Vet. Adm. Hospital, Ft. Howard, Maryland 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) CONGESTIVE FAILURE 2 WEEKS 420.0 DUE TO ARTERIOSCLEROTIC HEART DISEASE 5 YEARS Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED Day, Year 20f. (City or lown) (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that A attended the deceased from April 13 , 1959, to April 21 , 1959, that 1131 so detoched ADDRESS (Street, city or town, state) ACTUAL pe M.D. VA HOSPITAL, FT. HOWARD, MARYLAND should PHYSICIAN'S JOHN W. CRAWFORD, M.D., Acting Chief, Professional Services FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) Arlington National Cem. Arlington. Virginia 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DAMPR 2 7 '59 VS A15 (4) Orthog & Thouse 15M 10/57 Shipped to: W.W. Chambers, 1400 Chapin

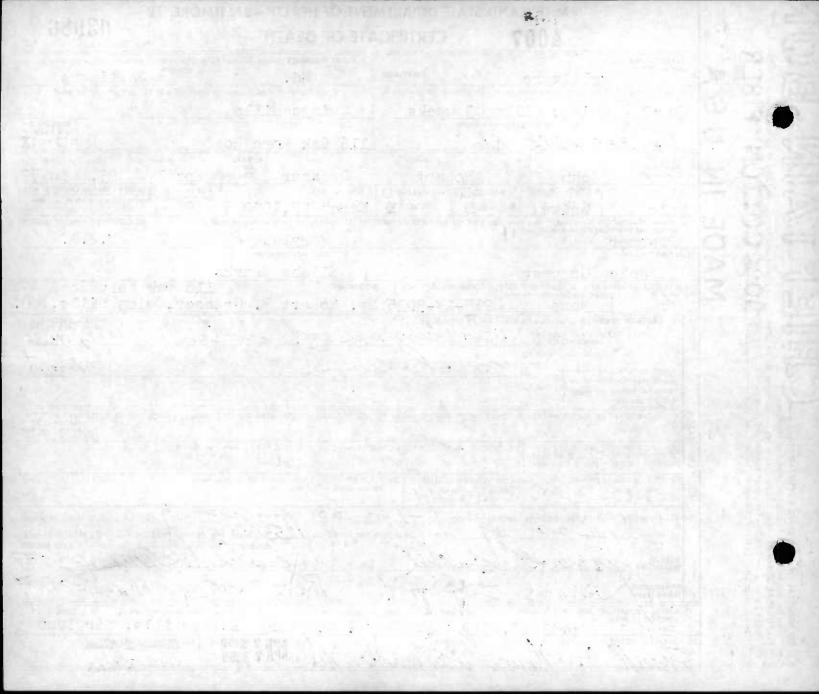
PT-330MT2A8-ITEASHRO BERNINGS OF ASSAULT ASS OF ASSAULT Defract to STADPITSED - 25 July and a second a contract to the contract of the and the second accordance of the contract of the second and the second of the second o The second secon

VS A15 (4) 15M 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4007 **CERTIFICATE OF DEATH**  03986

_									Key. Dis			
1.	PLACE OF DEATH a. COUNTY	Baltimore		MARYLAN		usual residence (W a. STATE Md .	here deceased	lived. If institution b. COUNTY	Bal			)
	b. CITY OR TOWN RURAL ond give	(If outside carporate limi nearest tawn)	ts, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (If	autside corpor	ate limits, write R	URAL and g	give nea	rest tawn)	
	Rural	Owings Mi	lls	3 weeks	X	Owings M	ills		100			
	d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g	ive street	oddress)	1	d. street address 16 Oak Me	no Pos	n d			ON A FA	ARM?
2	116 01	11/8/0	ria				1					
	NAME OF DECEASED (Type ar print)	John	st	Robert		Greaser	4. DATE OF DEATH	April	th	23,	Yec 19	50
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	] B. D	ATE OF BIRTH		9. AGE (In years last birthday)			IF UNDER	
1	Male	White	WIDOW	ED DIVORCED	M	arch 27.1	900	59 yrs.	Months	Days	Haurs	Min.
100	. USUAL OCCUPAT	ION (Give kind of wark	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	or fareign car	untry)	12. CITI	ZENOF	WHATCOL	JNTRY?
	Farme	arking life, even if retired				Marvla	nd			U.S	.A.	
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN						
	John	Greaser				Elisha	Park	S				
	WAS DECEASED E	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT	# Com (cm)	776 04	de Me	re	Road	
Ye	is, no. ar unknown) NO	(If yes, give war or dates of sone	ervice)	215-24-3035	Mr	. Robert	E. Gr					Md
-	PART I. Di  / 5 3, 8  Canditians, if gave rise ta couse (o), stotin lying cause las	g the <u>under</u> DUE TO	6	parcins	me	a of	0	Con		6	mon of	X
ATION	PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	IINAL DISEASE	CONDITION GIV	'EN IN PAR'	1 (a) 15	PERFORM	AED?
CAL CERTIFICA	OR CONTRIBUTION	VAS UNDERLYING   G   CAUSE OF DEATH   Y MEDICAL EXAMINER)		CRIBE HOW INJURY OCCU	PLACE	OF INJURY (Hame, farr	n, 20f. (City		(6	County)	YES N	(State)
MEDI	Haur o. m p. m	10	While at war	k at work	foctory	, street, office btdg., etc	c.)				5,375	
	21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	deceas	and that de	ath ac	curred at 1116		he causes an eet, city or town,	d an the			
220	BURIAL CREMAT		)F	22c. NAME OF CEMETER				ION (City, tawn,		Mo	(State)	7
23.	Burial FUNERAL DIRECTO	April 2	7,10	159 Mays Ch	la pe	Cemeter	DOROFA	thervi	TTE	IBIT	ylan E	<u>.u</u>
8	Frank	It. Ne	will	Vikerie	lle	8 MADATAP	R 2 8 '59	Con	Lug &	t-		



# ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 moy be retained the hospital or attending physician. 2 FUNERAL DIR OR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. moy be retoine TO FUNERAL DIR

VS A15 (4) 15M 9/5S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	400	S CER	TIFICA	ATE OF DEATH		Reg. Dist	3987
	county Ballman		ARYLAND	2. USUAL RESIDENCE (Who o. STATE Auglo	26 b. co	UNTY	altanier
	c. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	ts, write c. LENGTH OF S	TAY IN 16	* Datter	riside corporate limits, v	rrite RURAL and gi	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospital of the Parties of the Part	NCD (Street oddress)		H. STREET ADDRESS	marod	- Drive	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED.  Type or print) David He	Irlena Mi	(Shee	nheig)	4. DATE OF DEATH CAD	Month Irul	Day Year 1959
5.	Male White	7. MARRIED NEVER MA	ARRIED	May 8, 190	9. AGE Va		YEAR IF UNDER 24 HRS. Doys Hours Min.
100	USUAL OCCUPATION (Give kind of work during most of everking life, even if retired)	done 106 RIND OF BUSINE	SS OR INDU	STRY 11. BIRTHAPONCE (Stote o	r foreign country)	12. CITIZ	S.A.
13.	FATHER'S NAME LOUIS ISL	ene		14 MOTHER'S MAIDEN NA	a A'		Da.
	WAS DECEASED EVER IN U. S. ARMED FORG. no. or unknown) (If yes, give war or dates of se		NO. 17.	ela ma	St-Green	e-660	14 Marte
	18. CAUSE OF DEATH [Enter only one con PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Burn	100	reunes			INTERVAL BETWEEN ONSEL AND DEATH
	Conditions, if ony, which gove rise to immediate (b)	1 5. + 14	psika	. C. U.D.			15 yes.
-	cause (o), stoling the <u>under</u> : DUE TO lying couse lost.	ESSENTAL.		PNOCON			15YRS
CERTIFICATION	PART II. OTHER SIGNIFICANT CON	DITIONS <u>CONTRIBUTING</u> TO	DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITIO	N GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJUI	Y OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 1	8.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yea Hour o. m. p. m. 19	20d. INJURY OCCURRED While Not while of work of work	20e. PL/ for	ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f. (City or town)	(Co	unity) (State)
	21. I certify that I attended the alive on 4/15	A TAX AND ADDRESS OF THE PARTY		occurred at 11:464		ses and on the	ist saw the deceased date stated above, DATE SIGNED
	ACTUAL SIGNATURE PHYSICIAN'S TO E CO	esous .		M.D	Delle ins	-y	
220	BURIAL, CREMATION, 22b. DATE THEREO			R CREMATORY	22d. JOEATION (City, 1	own, or county	/ (Stote)
23	REMOVAL (Specify) Chil //	Log Han Sus	n Tyle	ves Sarael	Kreda	le //	1.
1	al Levinga Vizi	12 - 1/21/7	1-1/x	- 11 / 1	PR 2 0 '59	Orthun &	

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				Swift printed
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		- /		

MARYLAND STATE DEPARTMENT OF HEALTH-LALTIMORE, 18

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5 85	40	109	CERTIFI	CAT	E OF DEATI	H		Reg. Dist	398	8
1. PLACE OF DEAT	altimore		MARYLAN		USUAL RESIDENCE (W o. STATE Maryla		d lived. If instituti b. COUNTY	an: Residence		Imissian)
b. CITY OR TOV	NN (If outside carporate limite nearest tawn)	its, write	c. LENGTH OF STAY IN	Ъ	c. CITY OR TOWN (If		prate limits, write R	URAL and gi	ve nearest	tawn)
	Howard		llı Davs		Baltim	ore	3	VAL-	11	
d. NAME OF HE	OSPITAL (If nat in haspital,	give street			d. STREET ADDRESS					RESIDENCE
	ans Administr	ation	H ospital		121 So	uth Es	ast Ave		YE	S NO D
3. NAME OF DECEASED (Type or print)		rst	Middle	(	Last REENE	4. DATE OF DEATH	Mon	oth	Doy	Yeor 19 59
5. SEX			RIED NEVER MARRIED		ATE OF BIRTH	1	9. AGE (In years	IF UNDER 1	YEAR IF U	INDER 24 HRS
Male	White	WIDOW		_	ovember 25.	1889	lost birthday)	Manths [	Days Ha	urs Min.
10a. USUAL OCCU	PATION (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	or fareign c	auntry)	12. CITIZ	ZEN OF W	HAT COUNTR
Brakema	working life, even if retired	" F	Railroad Co		Massach	usetts	3		U.	S. A
13. FATHER'S NAM	E			1	MOTHER'S MAIDEN	NAME				
Georg	ge F. Greene				Catheri	ne A I	wnch			
	DEVER IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO. 1	7. INFO		11.00	Add	ress		
Yes	(If yes, give wor or dates of WW ]		399-10-3884	Clin	n. Recs., Ve	terans	Adm. Ho	spital	Ft. F	loward.
Canditions, gave rise Icause (a), sta lying cause Part II.	if any, which to immediate thing the under lost.  OTHER SIGNIFICANT CON	D) D) S)————————————————————————————————		BUT NO		INAL DISEAS	E CONDITION GIV	EN IN PART	UNI-	AND DEATH
	T WAS UNDERLYING  TING CAUSE OF DEATH OTHER MEDICAL EXAMINER)  NJURY Manth, Day, Ye									
Haur a.	NJURY Manth, Day, Ye . m. 19	While at wor	Not while	factory.	OF INJURY (Home, farm street, affice bldg., etc	n, i 20f. (City i.)   	or tawn)	(Co	ounty)	(Stale)
ACTUAL	y that attended the	deceos	ed from March 3	ath oc	curred at 9:15	A.M., from	n the causes a treet, city or tawn,	ind on the	date si	tated abav
PHYSICIAN'S	JOHN W. CR.	ALITERAN	70 200	M.D.	VAH FT	_nower	ID, MD			TT/70/7
NAME (Type)_		AWFOR			VAH-FT	-HOWAF	D. MD			4/16/5
220. BURIAL, CREM. REMOVAL (Spe Burial	ATION, 22b. DATE THEREC	59	Baltimore N				TION (City, tawn, climore, M	or county)	ig (	Stote)
23. FUNERAL DIREC	TOR'S SIGNATURE		ADDRESS			D BY REGIST		STRAR'S SIGN	NATURE	
Wm Cook	Blight Inc.	6009	Harford Rd.	Balt	O. Md DATEAP	R 2 2 '5	9 and	thun 8. A	Erans	

death. Page 4 may be retained to haspital ar attending physician.

O FUNERAL DIRECAL: After this certificate has been signed by the attending physician and campletely filled in by the structure page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Roges 1 and 2 should be filled with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained TO FUNERAL DIREC VS A15 (4) 15M 10/57

VIE OF DEATH	: Central		
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SYA SHARE MARKET	in to less that the		restrict and
THE RESERVE THE PARTY OF			
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in. Local, John Son, 1984			
and exact the said of the	Page . Salah Salah		

4010 CERTIFICATE OF DEATH director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN IIf outside corporate Ilmils, write c. LENGTH OF STAY IN 16 c. CITY OR TOWNs(If outside corporate limits, write RURAL and give negrest town) RURAL and give georest town! shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5 YES NO NO 3. NAME OF 4. DATE Month Yeor DECEASED (Type or print) DEATH 1959 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 12 NEVER MARRIED | B. DATE OF BIRTH lost birthday) Months 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BUSTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAJ-COUNTRY? during most of working life, even if setired) arsentos 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN d ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO by Conditions, if ony, which signed gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. Not while of work of work 21. I certify that I attended the deceased from 19.59, that I last saw the deceased alive on and that death accurred at\_\_\_\_\_M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 3 should 1 Cherry Hill Rd. PHYSICIAN'S Reisterstown, Md. Martin FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Gy, town, or county) REMOVAL (Specify) **EUNERAL-DIRECTOR'S SIGNATURE** ADDRESS 240. RECTO BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Cirthun & Kraus 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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REMOVAL (Specify)

Burla.

DATE REC'D BY LOCAL

Reg. Dist. No.

ADDRESS

MARGIN RESERVED FOR BINDING

Glen Haven

24 FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE

Orthur & Traces

3937 CERTIFICATE OF DEATH

# HEART TO ETADOTT BROKETS

The Toront Tolerand Tolerand

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03991 4011 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY a. STATE b. COUNTY Bal-to. MARYLAND Md. Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give negrest lown)
Catonsville Balto. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 3522 Virginia Ave. Caton Ridge Nursing Home YES NO T NAME OF Middle First 4. DATE DECEASED April ANGELINE BLANCHE GUISE DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (in years 8. DATE OF BIRTH last birthdoy) Oct.16.1883 Months Days Hours white WIDOWED [7] DIVORCED DE female 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? TOWA Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME May Stockwell Edward J. Bodie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Vernon Barber - 3522 Virginia Ave. none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 420.1 **DUE TO** Candilians, if ony, which gove rise to immediate **DUE TO** cause (o), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Haur o. m. While Not while of work of work and that death accurred of 4 = 3 M, fram the causes ond on the dote stated abave. 21. I certify that I attended the deceased from alive on ADDRESS (Street, city or town, slote) ACTUAL ğ P PHYSICIAN'S NAME (Type) 3 220. BURIAL CREMATION, 226. DATE THEREOF 22d. LOCATION (City, lawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Camanche. Iowa Rose Hill Removal 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

OF SHOWITH A PRINTED THE WITHOUT STATE ON A PORTA La Transport In - TOTALE STATE - TOTALE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 992 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Fullerton Fullerton d. NAME OF HOSPITAL-(If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Forge Road Forge Road YES NO T First Middle 4. DATE Last Month Day Year H. Louise Gwynn DEATH 1059 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 778 yrs Months Days Hours Colored WIDOWED 6-13-1881 DIVORCED [ yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewife U.S.A. Maryland 14. MOTHER'S MAIDEN NAME Samuel Nelson Frances C. Derrick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Forge Road Mr. Lewis Gwynn Fullerton. Md. INTERVAL BETWEEN **DUE TO DUE TO** 

20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn)

18. CAUSE OF DEATH [Enter only one cause per Inerfor (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate catse (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISSASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO CA

20g. ACCIDENT WAS UNDERVING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW IMMURY OCCURRED. (Enter nature of injury in Part Nor Part II of Jum 18.)

20d. INJURY OCCURRED

ADDRESS

factory, street, office bldg., etc.) G. TH While Nat while at work p. m. at work 21. I certify that Vattended the deceased from \_\_\_\_\_,that I last saw the deceased alive at M, fram the causes and on the date stated above. ADDRESS (Street, city or down, state)

DATE SIGNED ACTUAL

PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) Burial (Specify) 4-7-59 Mount Zi

W. Biddle

Longgreen, Balto.Co. 24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

DATE

Chilly S. Thouse

(County)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

20c. TIME OF INJURY Month,

PLACE OF DEATH

OR INSTITUTION

a. COUNTY

NAME OF

5. SEX

DECEASED

(Type ar print)

Female

13. FATHER'S NAME

Levol 578

Day, Year

VS A15 (4) 1SM 9/SS

5015A	FIGATE OF DEATH		**** **** **
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4013 Ttems 13 CERTIFICATE OF DEATH director . PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTE al timore a. COUNTY a. STATE Bal timore MARYLAND Md. b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) Hastwood Eastwood d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 7160 Gough St. 7160 Gough St. YES NO NAME OF 4. DATE Middle Manth Year DECEASED April JOSEPH J. HAMMER 18 DEATH 59 (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days 1898. April Male White DIVORCED T WIDOWED T dedith. 10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? COM Amer. Smelt. &Ref. U.S.A. Baltimore. Md. Foreman pup di di 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 00 Louise Snyder John Hammer ave INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO ding Madeline B. Hammer Same. NO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter anily one cause per line far (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma involving the entire oral cavity DUE TO Squamous cell carcinoma left antrum 15 months Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f, (City ar tawn) (State) Day, 20d. INJURY OCCURRED factory, street, affice bldg., etc.) a. m. While Nat while at wark at wark 23, 19 58 to present , 19 , that I last saw the deceased 21. I certify that I attended the deceased fram. July April 7 and that death accurred at 6 A M, fram the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL Biddle Street moy be return.

TO FUNERAL DIRE PHYSICIAN'S Arthur G. Siwinski Baltimore -2. Maryland NAME (Type) 22d. LOCATION (City, tawn, ar caunty) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 7401 German Hill 59. Sacred Heart Cemetery 23. FUNERAL DIRECTOR'S BIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Chilmy & Hours VS A15 (4) DATE APR 21 '59 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. 7.1 forming to Care rance com Victor at restroic confe Tallo mitto meneral services and the color fadelize f. thomas extension of a three discovering and a control series in a control series in the control of the en en la companya de la co The second of the second secon South the control of vi . D. . Stored . dart Condetery Wall Corman Mill Ed. . 110. many the result of The parties of which bearing signed by the attending physician and campletely filled in by the meral director, it permit. Then please remave carbon papers. Pages I and 2 should be filled with a finant event within 72 haurs after death. 

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofte

haspital ar attending physician. After this certificate has been si

may be retained to the haspital or attending physici TO FUNERAL DIRECT. After this certificate has been page 3 shauld be detached far use as the burial-trap the registrar priar to burial, crematian, ar remaval, to

TO HOSPITAL OR

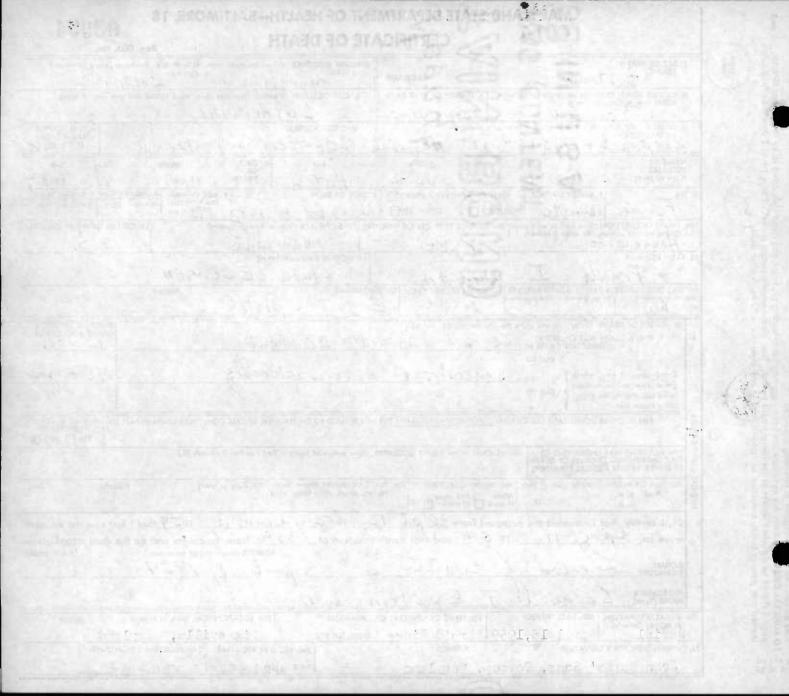
VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4014 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

03994

Reg. Dist. No.

)	1. PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	b. COUNTY A	ce before admission)
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp		
	RURAL and give nearest town) Towson	2407 mos	x Luther	11	
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE
	Sheppard + Enah Pr	att Hospital	206 Semina	ry quenue	ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Middle- Waring	Lost 4. DATE OF DEATH	Month 1	Day Yeor 19 59
	5. SEX 6. COLOR OR RACE 7. MARS		8. DATE OF BIRTH		TYEAR IF UNDER 24 HRS.
	tembe white widow	ED DIVORCED	November 20, 188;	last birthdoy) Months	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign		IZEN OF WHAT COUNTRY?
	Housewife	100ne	manyland		4.5.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		Juncan		uerson	
	(Yes, no, or unknown)   (If yes, give wor or dates of service)	1 1	ECNEST C Hate	Address	
	No	1-	ermest C. Hatc	<u>ት</u>	
	18. CAUSE OF DEATH [Enter only one couse per li		100 0 1 +		ONSET AND DEATH
	22/V	rebro-Vascu	1ar accident		1 week
	DUE TO		1) to acclosabi	'	1004000
	gove rise to immediate	ederalized	Arteriosclerosi	2	15+ yra
	couse (o), stoting the <u>under-</u> lying cause last.				
	, (c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	I (a) 19. WAS AUTOPSY
)	PART II. OTHER SIGNIFICANT CONDITIONS C				PERFORMED? YES NO
	200 ACCIDENT WAS UNIDERLYING TO 201 DES	CRIBE HOW INJURY OCCURRED	). (Enter noture of injury in Port I or Po	ort ff of item 18.)	
	O (IF EITHER, NOTIFY MEDICAL EXAMINER)				
ij	- "		CE OF INJURY (Home, form, 20f. (Citory, street, office bldg., etc.)	ry or town) (C	ounty) (State)
	While of wor	k of work	rory, sneer, office blog., etc.)		
	21. I certify that I-attended the decease	ed from Sept 1:	2, 1956, 10 april	11 1959 that 11	ast saw the deceased
	alive an april 11 , 19	59, and that death	occurred at 830 PM, fra		
	1	1		Street, city or town, stote)	DATE SIGNED
,	SIGNATURE Recurred	Epslew,	A.D. Opril	11, 1959	
	PHYSICIAN'S Leonard J	T. Epstein	m. Km. D		
	22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCA	ATION (City, town, or county)	(State)
	Burial April 15,1959	Druid Ridge (	Cemetery Pik	esville, Maryl	and
0	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIS		
	John Burns! Sons, Towson	n. Maryland	DATE APR 1 5	59 Carling 8	H



death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4015 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

03995

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE  Mat 4 / and b. COUNTY  Balt	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Cutonsville  Lomes 13 dys	c. CITY OR TOWN (If outside corporate limits, write RURAL and given the company of the company o	
4	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Spring Grove State Hospital	1924 E. Joppa Road	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Elmer Benson	Hobbs 4. DATE Month OF DEATH April	Doy Year 11 1959
	5. SEX Male 6. COLOR OR RACE White WIDOWED DIVORCED	Feb. 22, 1877 S2 yrs. Months D	YEAR IF UNDER 24 HRS. oys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Electrician (rtd) self emp.	Maryland C	I. S. A.
	George Hobbs	Unknown	
	(Yes, no, or unknown)   (If yes, give war or dates of service)	Pecards Spring Grove State	Hospital
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Infarctive myoca	ardial fibrosis	INTERVAL BETWEEN ONSET AND DEATH MONTHS
	Conditions, if ony, which gove rise to immediate cause (o), stating the under-	Zearsiy s	
	lying couse lost. (c) Generalized arte	years	
2	CATIC		PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the following p.m. 19 While of work to two the control of work to two the control of two	ACE OF INJURY (Hame, farm, 20f. (City or town) (Concern, street, affice bldg., etc.)	unly) (Stote)
	21. I certify that I attended the deceased from March alive an April 11 , 1957, and that death	17, 1959, to Aprill 11, 1959, that I la accurred at 3:50 P.M., fram the causes and an the	st saw the deceased date stated above.
1	ACTUAL Bruno Rabauskas	M.D. Jaily ( well St. HOSP)	Pal 4/12/59
	PHYSICIAN'S BRUNO RADAUSKAS	Catonsville, elle	1
	22a. BURIAL, CREMATION, REMOVAL (Specify)  RUPT 2  1/71/59  22c. NAME OF CEMETERY OF DESIGN REMOVAL (Specify)  RUPT 2		(Stote)
	Burial 4/14/59 Druid Ridge 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	Md. IATURE
7	others & Len. & La.	DATE DATE 1 5 '59 Cither 8. 16	rates

. UMBULLUBEE 

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 4016 PLACE OF DEATH

Baltimore

03996 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. countal timore o. STATE MARYLAND

	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	OR INSTITUTION	Old East					d. STREET A		old	Easter	n A		ON A	FARM?
3.	NAME OF DECEASED (Type or print)	FRANC			Middle J.		HOCK		4. DATE OF DEATH	Apri		26		959 ·
	Male	6. COLOR OR RACE White	WIDOWI	ED 🗍	DIVORCED [		-	11,1	897.	9. AGE (In years last birthday) GL yrs.	Months Months	R 1 YEAR	Hours	R 24 HRS. Min.
	Cooper	N (Give kind of work of ing life, even if retired			in Tyl		Bal	timo	re, 1		12. C	- 37	WHAT	COUNTRY?
13.	FATHER'S NAME		- 4				14. MOTHER'S				7			
15	WAS DECEASED EVER	ohn F. Ho		SOCIAL SEC	URITY NO. T	17 184	FORMANT	Anto	inett	te Berg				
(Y	No No	If yes, give wor or doles of se	rvice)	SOCIAL SEC	UKIII NO.			To Wo	ole.		ame.			
=		TH [Enter only one co	us per li	na fan Ia). Ib	1 4 (-) 3	0.	Georg	e no	CR	D	ame.		RVAL BE	E)A/EE).
		H WAS CAUSED BY	1		ONA	R	1 30	CLI	1510	11		ONSE	TAND	DEATH
	420.1	IMMEDIATE CAUSE (o										300	peru	DEA7
	Conditions, if on	v which )	00	RON	4/24	AM	ITERY	DIS	EAS.	E		9	Mo	2,
	gove rise to in	nmediate (												
	lying couse lost.	he under-												
CATION	PART 11. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTIN	NG TO DEATH	BUTN	OT RELATED TO	THE TERMIN	AL DISEASE	CONDITION GIV	'EN IN PA	RT 1(o) 19	PERFO	NO 2
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DES	CRIBE HOW	INJURY OCC	URRED.	(Enter nature o	finjury in Po	art I or Part	11 of item 1B.)				
MEDICAL	20c, TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	NJURY OCCL Not white of work	hile	e. PLA(	CE OF INJURY (I ory, street, office	Hame, form, bldg., etc.)	20f. (City	or town)		(County)		(State)
	21. I certify the	at I attended the	deceas	ed from	JULY.	1	1958	10 A1	DRIL	26, 1950	that I	last sa	w the	deceased
	alive on Oc7		, 195				occurred at	1:45	A. From	the causes o	and on	the date	e state	d above
		1 - 1	/	2 -	1			_ A		eet, city or town,		. =	DA	TE SIGNED
10	ACTUAL SIGNATURE	resign	-	tro	en	M	D. 108	S,	THY	LOR	190	Ł	41.	28/5
	PHYSICIAN'S NAME (Type)	OSEPH	N	nce	-41	13.	D. ,	BAL	TIM	DRE	21	M	0,	
220	BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THEREO	54.	alley as	PED I		CREMATORY ART C		22d. LOCATI	ON (City, town,	ffill	Ro.	(Stote	) ('D')
23.	FUNERAL DIRECTOR'S	SIGNATURE	901 E	S. ADDRE	SS MICLING	55	τ.		BY REGISTR			IGNATUR		
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# VS. A15ME(5) 5M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4017 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03997

Reg. Dist. No.

a. COUNTY		Baltimore		MARYLAND	2. USUAL RESIDENCE o. STATE	CE (Where deceased live Md		dence befare admissia Lto •	in)
b. CITY OR Cattories	TOWN (IF	outside corporate limits, writ	e RURAL C. LEN	NGTH OF STAY IN 16		N (If autside corporate onsville	limits, write RURAL or	nd give nearest town)	
		oolside Rd		ive street address)	d, STREET ADDRE	ss rookside Ro	1	e. IS RESID ON A F YES 1	ARM21 11
3. NAME OF DECEASED (Type or pri	nt)	William	Freder	ick Holme	Lost	4. DATE OF DEATH	Month April	Day Year	59
5. SEX Mal	е	6. COLOR OR RACE White	7. MARRIED WIDOWED	DIVORCED	Peb • 17:	1916 9. AG	E (In years IF UNDE Months yrs.		24 HRS. lin.
10a. USUAL OC during most	ef working	ON (Give kind of work a life, even if retired)		Humor Co.		State or foreign country) to e Md		S A .	UNTRY?
13. FATHER'S	NAME	4 mm	d Hu	Khu!	14. MOTHER'S MAID	en rame	Be	ee_	
15. WAS DECE	ASED EVI	ER IN U.S. ARMED FO		SPCURITY NO. 17.	MAN PO	sall Ho	Address Conex	no fee	del
Canditian gave rise (o), statin cause las	ns, if or to immediate the unit.	TH [Enter only one cause of the WAS CAUSED BY; IMMEDIATE CAUSE (e) DUE TO only, which diate couse on the couse of the cous	Oore	onary thron	of the live	P ERMINAL DISEASE CONI	DITION GIVEN IN PA	PERFORM	TOPSY IED?
B CAUSE OF	ar CO1	JSE WAS NTRIBUTING	Db. DESCRIBE HOW	INJURY OCCURRED. (	inter nature af injury in	Part I ar Part II of item	18.)		bit w
20c. TIME		RY Month, Day, Yes		Not while fac	CE OF INJURY (Home, ory, street, office bldg.,		m) (Ca	ounty) (	State)
		nat I taak charge from: Natural			ve, held an Auto cide [], Hamic		rmined cause	N. W. C.	
ACTUAL SIGNATUI EXAMINE NAME (Ty	R'S	Geo. S. M.	Kieffer	W.Dl	ASSISTANT ME	EDICAL EXAMINER C		DATE SIGN	IED
	REMATIO (Specify)	N, 22b. DATE THERECO	59 En	AME OF CEMETERY OF			City town or county)	) (Sfore)	3
23. FUNERAL D	IRECTOR"	S SIGNATURE Tunga	& Home	DDRESS - Cators	elly has DATE	MAY 5 '59	246. REGISTRAR'S SI	2 / 2	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4018 CERTIFICATE OF DEATH Reg. Dist. No director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND Baltimore Marvland aro. b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) should Fort Howard, Md Baltimore d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OR INSTITUTION 50 by 1627 Reisterstown Road .5 NAME OF First Middle 4. DATE Lost (Type or print) DEATH TAT HOOT April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED | DIVORCED | White January 20, 1926 Male 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of warking life, even if retired) Truck Driver Baltimore, Maryland Freight Co 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carl F. Hoot Elizabeth Baer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) fending WW II 218-16-1666 Clin. Rec. Vet. Adm. Hospital, Ft Howard, Md Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY ACROMEGALOGICANTISM IMMEDIATE CAUSE (a) **DUE TO** þ Canditians, if any, which ow requires been signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. physician. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY buriol-20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.1 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.) Hour a.m. Nat while While at work at wark 21. I certify that trattended the deceased from February 5, 1959 to April 3 ... 19. 5936600600000000000000000 concerning and that death occurred at 6:30A.M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL pe prior VAH FT HOWARD, MD DIRE TO FUNERAL DIR PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar caunty) REMOVAL (Specify) Meadowridge Memorial Park Balto, Md Burial 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

8728 Liberty Heights. Balto.

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Days

U. S. A

(County)

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ONSET AND DEATH

PERFORMED?

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DATE SIGNED

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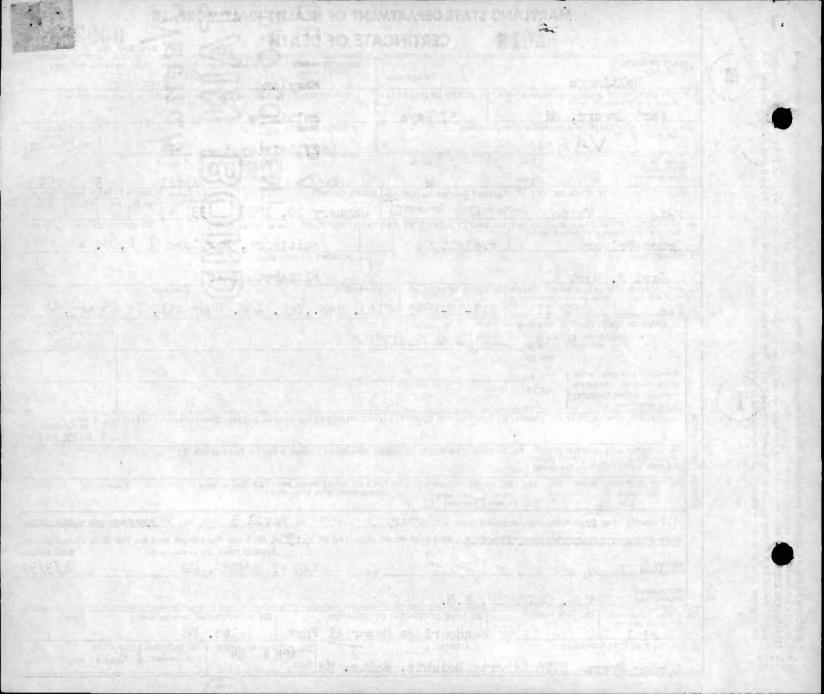
ON A FARM?

YES NO NO

Year

1959

VS A1S (4) 1SM 10/57



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1019 CERTIFICATE OF DEATH

4019

()3999 Reg. Dist. No.

1.	PLACE OF DEATH Balt	imore		MAR	YLAND	2. USUAL R		here deceosed lived	d. If institutio b. COUNTY		e before o	
	B. CITY OR TOWN	(If outside corporate limi nearest town) erville	ls, write	c. LENGTH OF STAY	( IN 16	c. CITY (	_	outside corporate l'erville	imits, write RL	JRAL and gi	ive nearest	town)
	d. NAME OF HOSPI OR INSTITUTION	Othoridge	Rd.	oddress)		d. STREE	151 (	Othorid	ge Rd	•		RESIDENCE DN A FARM? S NO X
	NAME OF DECEASED (Type or print)	GEORGE		WASHINGT	THE RESERVE	HOPKI	lost NS	4. DATE OF DEATH A D	Mont ril 10	0,195	Day	Year 19
5.	Malr	6. COLOR OR RACE White	7. MARR	RIED NEVER MARR		B. DATE OF B	15.18	9. AC	SE (In years y birthday) 3/82 yrs.	IF UNDER I	TEAR IF	UNDER 24 HRS.
100	usual occupation during most of work ontract	ON (Give kind of work or rking life, even if retired	ione 10b.	kind of Business ouilding		TRY 11. BIRT	ryland				ZEN OF W	HAT COUNTRY?
13.	FATHER'S NAME					14. MOTH	R'S MAIDEN N	NAME				
	James	Hopkins				El	len Ch	naney				
	WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17. IP	NFORMANT			Addre	PSS		THAT I
L	No			None	Es	telle	В. Но	opkins.	151 0	thori	dge	Rd.
	PART I. DE.	immediate (		Migraci	us.	Hace	A tai	line			ONSET	BETWEEN AND DEATH
ATION	lying couse lost.  PART II. OT		DITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE CON	NDITION GIVI	EN IN PART	P	VAS AUTOPSY ERFORMED?
CERTIFIC	200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED	). (Enter notu	e of injury in	Port t ar Part II of	item 18.)		1 12	3 NOT
MEDICAL	20c. TIME OF INJU Hour o.m. p. m.	10	While	NJURY OCCURRED  Not while at wark			RY IHome, farm ffice bldg., etc		wn)	(Co	ounty)	(State)
	21. I certify to alive on	HO I oftended the	decease - 19	ed from Times of the Seys of t	t death	M.D		M, from the AppRess (Street, U. Mele	causes ar	nd on th		the deceased stated above. DATE SIGNED
22c	BURIAL, CREMATIC	ON, 226. DATE THEREO	oF )	Smithle		CREMATOR	(	Rains		,,		(Stote)
- 41	FUNERAL DIRECTOR	r's signature Towson, Inc	c. 1	050 York	Rd.	Tows	OT DATE P		24b. REGIS		NATURE	

may be retained. The hospital or attending physicion.

TO FUNERAL DIR OR: After this certificate has been signed by the ottending physicion and completely filled in by Funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pages. Pages 1 and 2 should be filled with the registror prior to burial, cremotion, or removal, and in any event withfirm 72 hours ofter death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death. Pages may be retained to be propried or attending physicion.	A15	/57	7

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	

		402	0	CERTI	FICA1	E OF DEATH			Reg. Dist	14001	0
	LACE OF DEATH	Baltimore		MARY		. USUAL RESIDENCE (Who o. STATE Mary)		l. If institution b. COUNTY			ision)
		f autside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If or	utside carporate li	mits, write RU	RAL and giv	ve nearest taw	rn)
	Catons vi	lle		6yr2mthldy		Baltimore		3	Val	-16	,
	OR INSTITUTION	AL (If not in hospital, ç	ive street	address)		d. STREET ADDRESS					SIDENCE
SI	RING GRO	VE STATE	HOS	PITAL		118 South	collins !	lvenue			A FARM?
	NAME OF DECEASED Type or print)	Mari		Middle Franc	is	Horman	4. DATE OF DEATH	Month Apri		Doy 1	Year 19 59
5. 5	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	ED 3 8.	DATE OF BIRTH	9. AC			YEAR IF UND	-
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13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
	Wel	sh Horman				Edna Smi	th				
15.		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. INFO	DRMANT		Addre	:55		
	ınknown	If yes, give war or dates of s		16-14-7676	Re	cords: SPRI	ING GROV	E STA	TE H	OSPITA	Τ.
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ine far (o), (b), and (c).]	1					INTERVAL B	ETWEEN
	PART I. DEA	TH WAS CAUSED BY:	, Ac	ute cardiac		ure				ONSET AND	DEATH
	4221	DUE TO									
	Canditians, if ar	ny, which ) (b	AY	teriosclero	otic o	cardiovascul	ar disea	Se			
	gave rise to in cause (a), stating t	nmediate (		,							
	lying cause last.	(c	)								
O	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CON	IDITION GIVE	N IN PART	1(a) 19. WAS	AUTOPSY ORMED?
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CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (	Enter nature of injury in P	art I or Part II of	item 18.)			
MEDICAL CERTIFICATION	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yes	While	Nat while	20e. PLACE factor	OF INJURY (Home, form, y, street, affice bldg., etc.)	20f. (City or to	wn)	(Co	unty)	(State)
		at I attended the	docade	ad from Mar	ch 11	. 1959 to Ar	ril 1	10.59	At - A 1 1-	st saw the	
		pril 1	10	*		ccurred at 9:00p		, 19.22	,inai i ia	ist saw the	decease
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	ACTUAL SIGNATURE	fulla	Wal	chiles					IOSP TT	1.	-2-59
	SIGNATURE				M.L	DIIIIII O	IIIO VIII DI	TALES AS	001 11	ALL T	
	PHYSICIAN'S NAME (Type) S	tella Wach	sler	M. D.		Catonsvi	lle 28,	Maryla	nd		
22a.	BURIAL, CREMATION REMOVAL (Specify)	Oferel	F 4,195	Mount	View	REMATORY  Desar.	Trawa	City, tawn, ar	county)	ma	tel .
23.	UNERAL DIRECTOR'S	SIGNATURE	0	ADDRESS		240. REC'D	BY REGISTRAR	24b. REGIST			
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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
we			4021 CERTIFICATE OF DEATH (14001) Reg. Dist. No.
director	M)	1. 9	LACE OF DEATH  COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY  Rallo
neral neral			CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cocheens town)  Cocheens town
by the	X		1. NAME OF HOSPITAL (IT not in hospital, give street oddress) OR INSTITUTION ON A FARM? YES NO
n 24 ho filled in jes 1 on		1	NAME OF First Middle Lost 4. DATE Month Day Year OF DEATH OF DEATH 1959
pletely (rs. Pag		5. \$	months Doys Hours Min.
execute nd cam an pape death.		$\vdash$	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF 8USINESS OR INDUSTRY 11. 8IRTHPLACE (Stote or foreign country)  11. 8IRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. COUNTRY?
sician a re carba			ORLANDO HOWARD ELEANOR MADDEN
n certifii ing phy e remar 772 hau	1)	TS. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  NONE  ORLANDO HOCHARIO  COCKEYSUTLU
attendi n pleas t within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  MAN DIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)
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an. signed sit pern and in a			gove rise to immediate couse (a), stating the under- lying cause lost.  DUE TO  Solution  (c)  DUE TO
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IAN: Thending ficate but the bur			20a. ACCIDENT WAS UNDERLYING   OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar at this cert use as emation		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. p. m. 19 of work of work (County)  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)
ADING haspites After I ched fail			21. I certify that I attended the deceased from $1 - 1 - 1$ , 1950, to $4 - 1 - 1$ , that I last saw the deceased alive on $3 - 31 - 19$ , 12 from the causes and on the date stated above.
d the deto	,		ACTUAL SIGNATURE DALLE SAME SAME MAD RESULTS OF MAD H-2-59
retaine RAL DIR Shauld I	/		PHYSICIAN'S Tames GASIFELL REISTENSTOWN NIC
may be FUNER page 3 ;	8	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Single)
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 002 I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE, (Witere deceased lived. If institution: Residence before admission) a. COUNTY **62COUNTY** MARYLAND b. CITY OR IOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) should d. NAME OF HOSPIJAL (If not in hospital/give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM YES NO NAME OF DATE Middle Year Month DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 9. AGE fin years last/bigthday) IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Days Hours DIVORCED T WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. EIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) carban 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 Addresi attending ease within CAUSE OF DEATH (Enter only one cause per line for (at, (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: **DUE TO** permit. Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) 20d. INJURY OCCURRED (County) (State) Hour a. ft. factory, street, office bldg., etc.) While Not while at work at work p. m. 21. I certify that I attended the deceased from 19.27. that I last saw the deceased ond that deoth occurred ach M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL P PHYSICIAN'S 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lowel, or county) (Stole REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S ALGNATURE 244 REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Items Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest town) Dundalk d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? by 12 YES NO T Home .⊆ ono NAME OF Middle 4. DATE Day Year filled DECEASED (Type or print) DEATH 190 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Q yrs WIDOWED [ Male 0 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND RTHPLACE (State or fareign country 12. CITIZEN OF WHAT COUNTRY? cam during most of working life, even if retired) pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN1 Address attending please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO à Canditians, if any, which gned gave rise to immediate per **DUE TO** cause (a), stating the underbeen si and lying cause last. burial-transit physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? has YES NOT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) certificote (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a. m. While 19 at wark at work 21. I certify that I attended the deceased from I that I lost sow the deceased to , and that death occurred at-M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL may be retained by FUNERAL DIREC prior pe SIGNATURE 3 shauld PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) page REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A15 (4) arthur & Thous 15M 9/SB

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	4023	CERTIFICA	ATE OF DEATH	1— <i>BALTIMORL</i> , 1	()4004 Reg. Dist. No.
1.	PLACE OF DEATH  a. Buitimore	MARYLAND	2. USUAL RESIDENCE (WHO		ian: Residence before admission) Waterbury
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town) PIRESVILLE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside carporate limits, write F	RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospitol, give street OR HOUD Nursing Home	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES \( \) NO (4)
3.	NAME OF DECEASED Mary First (Type or print)	A. Hüghes	Last	4. DATE OF DEATH	1 – 59 Day Year
S.	Female   6. COLOR OR RACE   7. MARK	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7-7-1872	9. AGE (In years last birthday) yrs.	Hunder 1 YEAR IF UNDER 24 HRS   Manths   Days   Haurs   Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUSEWITE	KIND OF BUSINESS OR INDU HOME		or foreign country)  n, England	U.S.A.
13.	FATHER'S NAME William Smith		14. MOTHER'S MAIDEN N	inn	
1S.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of refvice)		NFORMANT 'S. Ethel M.	Kyper. 827	ress Park Ave.
	PART I. DEATH (Enter anly one couse per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Canditions, if ony, which gave rise to immediate cause (o), stoting the under-lying cause last.  (b) DUE TO  (c)	ne for (o), (b), and (c).]  Received was  Jeneralia  Diaketix	acular acid ed astor mellite	ent at home ioxlessi	interval Between ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS (  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT			VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. II Haur a.m., 19 While of wor	Nat while fo	ACE OF INJURY (Hame, farm ctory, street, office bldg., etc.		(County) (State
	21. I certify that I attended the deceas	1-13 11			that I last saw the decease

MADVIAND STATE DEPARTMENT OF HEALTH BALTIMODE 18

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs a **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician page 3 should be detached for use as the burial-transit permit. Then please remaye carl haspital ar attending physician.

may be retained to FUNERAL DIRECTOR: the registrar priar ta TO HOSPITAL OR

22a. BURIAL, CREMATION, Burial 23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

ACTUAL

PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY Pine Grove

5

22d. LOCATION (City, tawn, ar county) Waterbury Conn.

DATE SIGNED

(State)

24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DATE APR 1 3 '59

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VS A1S (4) 1SM 9/SB

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may be retained to hospital or attending physician.

Defuneral DIRE A: After this certificate has been signed by the attending physician and campletely filled in by the need direct page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed verthe registrar prior to burial, cremation, ar removal, and in any event within 72 hours after depth. may be retained TO FUNERAL DIRE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pag VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4024

CEDT	FICATI	FOF	DEATH
CERT	IFICALI		DEAIL

Reg. Dist. No. 4005

o. County Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution:	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give represt town) Catonsville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	tside corporate limits, write RUR	(AL ond give neorest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Spring Grove State Hospit		d. street address None		e. IS RESIDENCE ON A FARM? YES M NO
3. NAME OF DECEASED (Type or print) Jennie ALICE	Middle VIRGINIA	Ireland	4. DATE Month OF April	20 Yeor 19 59
5. SEX Female 6. COLOR OR RACE 7. MARRI WIDOWE		8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDU	Maryland	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  John B.Jey		Henrietta	F. PARKER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service)		ospital r core	Addres	s
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  DUE TO  (b) AI  (c)	erminal bronch	c cardiovascul		PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED			AE2 NO 🖫
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 of work	Not while foo	ACE OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or lown)	(County) (State)
21. I certify that I attended the decease alive on April 19 , 1959  ACTUAL SIGNATURE	and that death	A		
PHYSICIAN'S James Donald Dri		Catonsvill		
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  23. FUNERAL DIRECTOR'S SIGNATURE  23. FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY OF	CEMETERY	OLIVET - C.4	ILVERT CO-MD
Harkness Funera	l Home			hur S. Ferana

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### 4025 CERTIFICATE OF DEATH I director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND 1 0 b. CITY OR-TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CHY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSPIBILITION NAME OF Middle Lost DATE Month (Type or print) DEATH 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH WIDOWED TIL DIVORCED [ 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address 72 ending 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m. While Not while at wark of work 21. I certify that I attended the deceased from alive on and that death occurred fram the causes and an the date stated above. ADDRESS (Street ACTUAL should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY page EMOVAL (Specify FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR DATEAPR 1 3.159

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Haurs

INTERVAL BETWEEN ONSET AND BEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(Stole)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

that I last saw the deceased

Months

ON A FARM? YES T NO T

Year

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VS A15 (4) 15M 9/55

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4026

### **CERTIFICATE OF DEATH**

04007

Reg. Dist. No.

a. COUNTY	Baltimore	MARYLAND	o. STATE Mary	. / /		imore
B. CITY OR TOWN ( RURAL and give n	If autside corporate limits, write leafest towny CRVILLE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	utside carporate limits, kville	write RURAL and giv	re nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street 9802 Hillto	oddross) p Drive	d. STREET ADDRESS 9802 Hi	Utop Dri	ve	ON A FARM? YES NO Z
3. NAME OF DECFASED (Type or print) /	Mr. Roy L	. Middle	enkins lost	4. DATE OF DEATH /	April 5t	h 19 59
s. sex male	6. COLOR OR RACE 7. MARE	RIED CNEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH April 20.	9. AGE (In lost birt)	years hdoy) Months D	YEAR IF UNDER 24 HRS.
Building	ON (Give kind of work done 10b. rking life, even if retired)  ynspector B	alto Co. M	d Virgin	ia	12. CITIZ	EN OF WHAT COUNTRY?
13. FATHER'S NAME  John	W. Jenkins		Gertrude	z Kl inin	gham	
15. WAS DECEASED EVI	ER IN U. S. ARMED FORCES? 16.	12-03-8374	Mrs. Gertw	rde L. Je	nkins.	same
	ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ne for (o). (b). ond (c).	y Occlu	sion		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a gave rise to couse (o), stating lying couse lost.  Part II. OT	immediate DUE TO	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	ON GIVEN IN PART	I(e) 19. WAS AUTOPSY
□ OR CONTRIBUTING     □    □     □     □     □     □     □     □     □     □     □     □	G CAUSE OF DEATH	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in t	Part I or Part II af item	18.)	PERFORMED? YES NO
20c. TIME OF INJUING HOUR O. M. P. M.	MEDICAL EXAMINER)	Not while fo	LACE OF INJURY (Home, form octory, street, office bldg., etc.	20f. (City or town)	(Co	unity) (State)
21. I certify the alive on	hat I attended the decease for 19:	Name and	, 1945, to Connection occurred at 7,455		uses and on the	e date stated abave.  DATE SIGNED
PHYSICIAN'S NAME (Type)	+,M.B.	ACON		0		
220. BURIAL, CREMATIC REMOVAL (Specify DUTLAL	4/9/59	Parkwood	Cemetery	Baltin	ore, Mar	
Leonard	0 0 1	Hartord Roa	d DATE PE		Circhan S. 91	

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STATE DEPARTMENT OF HEALTH-BALTHMORE TO

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4027 **CERTIFICATE OF DEATH**  04008

Reg. Dist. No.

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may be retained to haspital ar attending physician.

2 FUNERAL DIREC. A: After this certificate has been signed by the attending physician and campletely filled in by the meral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar removal, and in any event within 72 pours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained TO FUNERAL DIREC VS A15 (4) 1SM 10/57

										-	
1. PLACE OF DEATH  o. COUNTY  Ba	altimore		MARYL		o. STATE		ere deceased	lived. If institution b. COUNT		nce before	admission)
b. CITY OR TOWN (If RURAL ond give nec	autside carporate limi	ts, write	c. LENGTH OF STAY II	N 16	c. CITY O	R TOWN (If or	utside corpor	rote limits, write	RURAL and	give neore	est tawn)
_ Cat on:	sville		3mthsl6dys	5	Balt:	imore			3 V C	1-4	4
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET	ADDRESS				e	ON A FARM?
	OVE STATE	HOS	SPITAL		4217	Flower	ton R	oa d			YES NO
3. NAME OF DECEASED	Fir	st	Middle		ı	ast	4. DATE OF	М	onth	Day	Year
(Type or print)	Nel		Clare		Jer	ome	DEATH	Apri	1	9	19 59
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. E	DATE OF BII	πн		9. AGE (In year lost birthday	) IF UNDER		F UNDER 24 HRS.
female	white	WIDOW			pril :			81 y		Doys	Hours Min.
10a. USUAL OCCUPATION during most of working	ng life, even if refired	done 10b.	KIND OF BUSINESS OR	INDUSTRY			or foreign co	ountry)	12. CI		WHAT COUNTRY
sale slad;	У				Mai	rylland				U	. S. A.
13. FATHER'S NAME				35-0	14. MOTHER	'S MAIDEN N	AME				
Chaun	cey Jerome					Anna F	Plock				
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFC	RMANT		-	A	ddress		
unknown		J	Unknown	Rec	ords:	SPRIN	ig Gr	OVE ST	ATE H	HOSPI'	TAL
ž l	he under- DUE TO (c	)DITIONS	contributing to DEAL frac. rt. f	TH BUT NO	OT RELATED	TO THE TERMIN		E CONDITION C	GIVEN IN PAI		. WAS AUTOPSY PERFORMED? YES 🔝 NO 🗌
	UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (	Enter noture	of injury in P	art I or Port	II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	While of wor	Not while	foctor	OF INJURY y, street, off	(Home, form, ice bldg., etc.)	20f. (City	or town)		(County)	(State)
alive an ACTUAL SIGNATURE	Sulla	19. Wac	lister		ccurred o	6 A	M, fram		and an i		w the deceased e stated above DATE SIGNED 14-9-59
PHYSICIAN'S NAME (Type) S'	tella Wach		M. D.	ERY OR C				8. Mary			(Stote)
Burial (Specify)		59	Greenmo					more,			(Siole)
23 FUNERAL DIRECTOR'S	SIGNATURE	ecto	ADDRESS	- 5			BY REGISTI		GISTRAR'S SI	GNATURE	
4101 E.	Son A		110,			DATE AP	R 1 0 '5	59 (	Trilling &	8. Hour	UR.
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4028

**CERTIFICATE OF DEATH** 

04009

Reg. Dist. No.

1. PLACE OF	TY	ltimore		٧	MARYLAND	2. USL o. S	TATE	Where decease		institution: OUNTY		before admission)	
h CITY O		outside corporate limi	le write	Le LENGTH	OF STAY IN 16	- (				in Burb			
RURAL	and give ned a ton sv	oresi lown)	13, WILLE	3yr20		name .	ity or town (i Ca tonsvi		porote limits,	Write KUK	AL and giv	e nearest tawn)	
d. NAME	OF HOSPITA	L (If not in hospital, g	ive street	address)		/d.	TREET ADDRESS					e. IS RESIDEN	NCE
SPRIN		OVE STATE	HOS	SPI TAL			314 Staf	ford I	rive			YES NO	
3. NAME OF	F	Fir	st		Middle		Lost	4. DATE		Month		Day Year	
(Type or p		Emm	ia		Calb		Johnson	OF DEAT		fri	9	// 19	19
5. SEX		6. COLOR OR RACE	7. MARR	HED' NEVE	R MARRIED	8. DATE	OF BIRTH		9. AGE (I			YEAR IF UNDER 24	
female	е	white	WIDOWE	D []	DIVORCED [	SA	PT.16,	1892	- 66	yrs.	Months D	ays Hours 1	Min.
10o. USUAL	OCCUPATIO	N (Give kind of working life, even if retired	dane 10b.	KIND OF BU	SINESS OR IND	USTRY 11.	BIRTHPLACE (Sto	ote or foreign	country)		12. CITIZ	EN OF WHAT CO	UNTRY
	sewife	ng lile, even it refired	'	HO.	ME		Maryl	and			U	. S. A.	
13. FATHER'S						14. M	OTHER'S MAIDEN			-105			
Unl	known		Ro	LB			Jnknown						
15. WAS DEC	CEASED EVER	IN U. S. ARMED FOR		SOCIAL SECU	JRITY NO. 17.	INFORMA	NT			Address			
unkne		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ıknown		Reco	rds . SP	RING C	ROVE	STAT	E HC	SPITAL	
18. CAL	USE OF DEAT	TH [Enter only one co	use per lir	ne for (a). (b).	ond (c).]							INTERVAL BETWE	EEN
1	PART I. DEAT	H WAS CAUSED BY:	Ce	10610	vascu.	lar e	reciden	1				ONSET AND DE	ATH
33	1x	DUE TO										mann 46	ban
Condi	lions, if on	y, which }	, Ge	ne ra	lized	alte	rioscle.	10515				2 2 2	
	rise to im		-			Fast						-	
	(a), stating the	ne under-	,										
Z	PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTIN	G TO DEATH BU	IT NOT REI	ATED TO THE TER	MINAL DISEA	ASE CONDITI	ON GIVEN	I IN PART 1	(a) 19. WAS AUTO	OPSY
S IT	Herio	sclerotic	he	art a	liseas	0						PERFORME YES NO	ED?
(IF EITHE	CIDENT WAS NTRIBUTING I ER, NOTIFY A	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW I	NJURY OCCUR	RED. (Enter	nature of injury i	in Part I or Pa	art II of item	18.)			
	E OF INJURY our o. m. p. m.	Month, Day, Yes	or 20d. IN While at war!	NJURY OCCUI	ile		NJURY (Hame, fa et, affice bldg., e		ity or tawn)		(Co	unty) (	(Stole)
21. I c	ertify the	it I attended the	deceose	ed from	April	9	19.59 ta	phil	11	1959	that I la	st saw the dec	ceases
olive o		11 11	19 5	- 0	nd that deal			,				date stated o	
				, , , ,	/	00001	00 01		(Street, city o			/DATE	
ACTUAL	URE	freno.	Ra	hau	skar	M.D	SP RING	GROVE	STAT		SPITA	/ /	950
PHYSICIA NAME (1	AN'S B	RUNO	R	4DA	-UJ'K1	45'	Catonsvi	lle 28	, Mar	yland		7 7 7	7
	CREMATION AL (Specify)	4 - 14 -	59	22c. NAME	OF CEMETERY	OR CREMA	v Cem	22d. LOC.	ATION (City	town, or o	ille	(State)	
23. FUNERAL	DIRECTOR'S	SIGNATURE FUNGEREL	Jome	ADDRES - Cal	orsvill	4 m	24a. RE	PR 1 6 15	STRAR 24	b. REGISTR	AR'S SIGN		

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the serol director, page 3 shauld be detached for use as the buriol-trappit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4029 CERTIFICATE OF DEATH Reg. Dist. No. with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Filed o. STATE **b** COUNTY Baltimore MARYLAND Maryland 6 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) Fort Howard davs Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2 Veterans Administration Hospital YES NO DE Bond Street NAME OF DECEASED Middle 4. DATE Lost Yeor filled SHOVINE (Type or print) JOHNSON April 7 DEATH 25 19 59 \_\_\_\_\_ 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 9. AGE (In years lost birthdoy) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours Male Negro WIDOWED | DIVORCED [ March 13 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY pop during most of working life, even if retired) Steel Cutter Steel Mill Manning, South Carolina U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Johnson ALICE WATTERS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Clinical Records, VA Hosp., Ft. Howard, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY STATUS ASTHMATICUS Unknown IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the under-SAROL puo lying couse lost burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION remayol PERFORMED? Sign YES NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) certificate CAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) MEDI o. m. foctory, street, office bldg., etc.) While Not while of work of work FIEMING 21. I certify that Wattended the deceased from April 23 , 1959, to April 25 , 1959 Markhay Records ADDRESS (Street, city or town, stote) DATE SIGNED VAH. FORT HOWARD, MD. ge -2 should PHYSICIAN'S ROLANDO D. PONCE de LEON, M.D. FUNERAL VAH. FORT HOWARD. MD. SHIPPED m 220. BURIAL, CREMATION, 22b. DATE THEREOF 22: NAME OF CEMETERY OR CREMATORY Society Hill AME Church Cemetery 22d. LOCATION (City, town, or county) poge REMOVAL (Specify) Removal Manning, South Carolina 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) ARLINGTON S. PHILLIPS FUNERAL HOME DATE APR 3 0 '59 arthur & Kraus 15M 10/57

1808 N. Monroe St. Balto 17. Md.

after

MACCULAND STATE BEPARTMENT OF HEALTH-BAUTERORS, 18 PROPERTY SOUTH THE PARTY OF THE 

CERTIFICATE OF DEATH 4030 Reg. Dist. No. director, Filed with Poge , 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) should 10WSON 0 XXSO N d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO 3. NAME OF First Middle lost 4. DATE Year DECEASED (Type or print) DEATH 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs Hours WIDOWED A DIVORCED T 3 papers. yrs. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) deoth. 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) aNo puo GARNNA corbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DSCAR move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO . INFORMANT Address (If yes, give wor or dates of service) NB NOWP 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while of work of work p. m 195 Lithat I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 11:155M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Pe prior poge 3 should PHYSICIAN'S TO FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) BRQ ANd 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE APR 2 8 '59 arothur & Kraus 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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# ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the haspital or attending physician. TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the perol director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after degrin. TO HOSPITAL OR

VS A15 (4) 1SM 10/57 M.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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4031

### **CERTIFICATE OF DEATH**

04012

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			2. USUAL RESID	ENCE (Where dece	ased lived. If instituti	on: Residence be	fore odmissi	on)
Balti	more	MARYLAND	o. STATE	13	b. COUNTY	Raltin	more	
b. CITY OR TOWN (If outside RURAL and give neorest to	corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outside co	orporote limits, write R	URAL and give n	earest town	)
Bural Pikesy	rille	16 vrs.	X Pikes	sville 8	. Md.			
d. NAME OF HOSPITAL (IF no	ot in hospital, give street	oddress) 8 Md.	d. STREET A	DDRESS	7		e. IS RESI	
0-0-0	stead Rd.	.Pikesville	808 01	Lmstead	Road			FARM?
3. NAME OF DECEASED	First	Middle	Loss	4. DA1		th t	Day Y	reor reor
(Type or print) Jame	es	Paul	Kelle	OF DEA	April	26.	1	9 59
5. SEX 6. CO	LOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years lost birthdoy)	IF UNDER 1 YEA	-	
	ite widow		Jan. 18	3.1889	70 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION (Giv. during most of working life.	e kind of work done 10b.	KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPL	ACE (State or foreig	n country)	12. CITIZEN	OF WHAT	COUNTRY
Retired	,	A&P Bakerv	Mar	rvland		U.	S.A.	
13. FATHER'S NAME				MAIDEN NAME				
John Lo	uis Kell	ev	Paul	line M	luh1			
15. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			espikes:	ville	8 M
No N	lone	M	rs. Lela	Boyle	Kellev.8	08 01m	stead	Rd.
18. CAUSE OF DEATH [Er	iter only one couse per li					IN	TERVAL BET	WEEN
PART I. DEATH WAS		Acut	Pulu	cokary	F. doing	10	SET AND	DEATH
420.1	DUE TO	1100010	- 100000	conury	Pacras		2 0	1104/3
Conditions, if ony, whi	inh )	Chroni	in M.	4000000	1, tis	1 Y 2 H B	54	15.
gove rise to immedia	ote	Union	0 1110	yocaro	11/13		0/	
lying couse lost.	_	Coron	254 50	leros,	3		541	5.
	y (c)	CONTRIBUTING TO DEATH B				ENLINI DADT 1/a)	In was a	V28OTIL
ATTO		CONTINUO TO CENTITO	or 1901 KEENIED 10	THE PERMITARE DIS	LASE CONDITION GIV	EN HA LAKI 1(0)	PERFOI	RMED?
200 ACCIDENT WAS LIND	PIVING TO 205 DES	CRIBE HOW INJURY OCCUR	PED (Enter notice of	Liniusu in Bost I os	Post II of item 19 1		AE2	ио 🔀
PART II. OTHER SIGN	JSE OF DEATH	SCRIBE HOW INJURY OCCUR	KED. (Enter noture of	injury in FOTT I OF	ron it or tem 16.)			
20c. TIME OF INJURY Mon			PLACE OF INJURY IF	iome, form, 20f. (	City or town)	(County	()	(Stote)
Hour o.m.	19 While	Not while	foctory, street, office	bidg., etc.)				
21. I certify that I a			1953	A A ari	126 195	that I last		
1 - 1	1 2/100							
alive an 11-91-1	185	and that dea	th accurred at		ram the causes a S (Street, city or town,			
ACTUAL DE	nAAM	May to			1 1	1 01	1 11	TE SIGNED
SIGNATURE COUNTY	S Wille	wo Jim	_ M.D	1331	Keistersi	ONAKA	:7/	12/3
PHYSICIAN'S TQ	mes A. K	Miller M.	D.	Pike	sville-	PIMER		
220. BURIAL, CREMATION, 226 REMOVAL (Specify)	. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LO	CATION (City, town, o	or county)	(Stote	)
	ril29.195	9 Druid Ri	dge Ceme	etery F	ikesvill	e 8. M	d.	
23. FUNERAL DIRECTOR'S SIGN	TURE	SODRESS	March	240. REC'P BY REC	GISTRAR 246. REGIS	TRAR'S SIGNAT	URE	
frank Th	, Cull	(Ke Reanil	11000	DATE APR 2		William & of	4	
1	1 211	The second second				- 40	MALLE	

STRUMENT STATE SUPPLIED THE REPORT OF THE ALTER AND THE STATE OF THE S Sant S. P. PRESENTED BY 11.0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 4035 l director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . COUNTY Balto. o. STATE Md. b. COUNTY . Balto. MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Catonsville Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Lambeth Rd. 119 Lambeth Rd. YES T NO T NAME OF First Middle 4. DATE Yeor DECEASED NANNIE M. KTNG April (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthdoy) July 9, 1874 Days whi te Months female WIDOWED P DIVORCED [ popers. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) at, home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wallace W. Dalrymple remove Susan (unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address tending Mrs. Evelyn Russ - 119 Lambeth Pd. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which ! gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day. 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work at work p. m. ... 1952 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 6:10th M, fram the causes and on the date stated above. alive on Co ACTUAL SIGNATURE PHYSICIAN'S 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Woodlawn Cem. Woodla wn, Md. Buri al 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Chilling & Haus VS A15 (4) DATEAPR 2 2 '59 15M 10/57

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## O FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the meral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 e hospital ar attending physician. may be retained TO FUNERAL DIRE

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4033

**CERTIFICATE OF DEATH** 

04014

Reg. Dist. No.

		PLACE OF DEATH BOLTO - 19 MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  D. COUNTY
	-	6. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1 H. Sparrows Pt. Rd.   d. STREET ADDRESS WEST ADDRESS  WEST ADDRESS  WEST ADDRESS  ON A FARM? YES \( \sum \) NO ASSETT NO ASSET NO A
	-	NAME OF DECEASED (Type or print) HELEN CECILIA KIRSCHNER OF AMOUNT OF 1959
	5. \$	Female WW, WIDOWED   DIVORCED   May 18. 1898 last by hodoys Months Days Hours Min.
		USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. BIRTHPLACE (Stole or foreign country)  14. S. A.
		Thomas J. Berningham Marey Sharkey.
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO (11 yes, give wor or dofes of service) NO . August C. Kirschner (heest)
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate couse (a), stating the under lying couse last.  (b)  DUE TO  (c)  (c)  INTERVAL BETWEEN (C)  SET AND DEATH (SET AND DEATH (SET)  ONSET AND DEATH (
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO 2
	- 1	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m.  P. m.  19  20d. INJURY OCCURRED While Not while of work of wo
1		21. I certify that I attended the deceased from June
/		PHYSICIAN'S LOUIS N. TOLLIN Balto 19-md
	-	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  URIAL Specify)  URIAL Specify  URIAL S
	_	Funeral Diffector's signature address Dundalk 22 Date MAY 4 '59 Dundalk 2. Latting S. Kname

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
em 1c, Film G241, 4/17/59 fcy
CERTIFICATE OF DEATH

04015

	* 11.34				N. C.	y. Dist. 140.	
1. PLACE OF DEATH  o. COUNTY Bald	more	MARYLAND	2. USUAL RESIDER	aryland	b. COUNTY	2 11:	odmission)
b. CITY OR TOWN (If ou RURAL ond give neore		4 yrs. 9mos17	0 1	WN (If outside corporate	limits, write RURAL	ond give neares	t town)
d. NAME OF HOSPITAL	Uf not in hospital, give street		d. STREET ADD		Street		IS RESIDENCE ON A FARM? 'ES NO D
3. NAME OF DECEASED (Type or print)	1ary First	Middle	Klipp	4. DATE OF DEATH	A phil	Day	Year 19 5 9
- /	White WIDOW	RIED NEVER MARRIED A	B. DATE OF BIRTH			NDER 1 YEAR IF	UNDER 24 HRS.
HOUSE WOL	life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLAC	E (State or foreign coun-4 land	try) I	2. CITIZEN OF V	HAT COUNTRY?
13. FATHER'S NAME GUSTAV	Klippe	2/	14. MOTHER'S M Ba		5006		
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If ye	U. S. ARMED FORCES? 16. s, give wor or dates of service)		ecurds s	Spring G	LOVE ST	late H	ospital
PART 1, DEATH	[Enter only one couse per li WAS CAUSED BY: MEDIATE CAUSE (o)	ne for (o), (b), ond (c).] 'erminal pneum	onia			INTERV	AL BETWEEN
Conditions, if ony, gove rise to imm		rteriosclerot	ic cardiov	ascular dis	Bease		years
couse (o), stoting the lying couse lost.	under- DUE TO	eneralized ar					years
Bight ce	rebellopontin	contributing to DEATH BU					PERFORMED?
200. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEI	DICAL EXAMINER)	CRIBE HOW INJURY OCCURR					
20c. TIME OF INJURY Hour o. m. p. m.	While	NJURY OCCURRED 20e. P Not while t ot work	LACE OF INJURY (Ho octory, street, office b	me, form, 20f. (City or ldg., etc.)	town)	(County)	(Stote)
21. I certify that alive on APAI	gattended the deceas	20	9 , 19 <u>59,</u> h occurred at <u>7</u>	to April 1	he causes and	at I last saw an the date	the deceased
ACTUAL BZ	uno Rai	Paurkas	M.D. Spriz	ADDRESS (Street	t, city or town, stole	30026	DATE SIGNED
PHYSICIAN'S BR	UNO RAJ	IAUSKAS'	Ca	tons vi	ele	Md	/ / /
270. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	226. DATE THEREOF 4-15-59	Western Ce			N (City. town, or con Ltimore	unty)	(Stote)
23. FUNERAL DIRECTOR'S SI		ADDRESS	24	io. REC'D BY REGISTRAL ATEAPR 1 4 '59		S SIGNATURE	
Wm. Cook, Inc	. , 1217 St.	Paul Street	D	AIE MAIL . I OU	C-21 Liver	AL PRIMIS	

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		IN COLUMN THE PROPERTY.	
			110
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certification writing the ward "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director age 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremotion,

號

or removal.

VS. A15ME(5) 5M 9/55

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		403M	DICA	L EXAMINER'S	S CERTIFICA	TE OF D	DEATH	() 4 () Reg. Dist. N	16
1.	PLACE OF DEATH	Baltimore		MARYLAND	2. USUAL RESIDENCE o. STATE MAY	(Where deceased	lived. If Institution b. COUNTY	Balti	
	b. CITY OR TOWN and give nearest too	(It outside corporate limits, writern) Roseda	· RURAL Le	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	ate limits, write RI	URAL and give	negrest lown)
	d. NAME OF HOSP	1509 O'Dell			d. STREET ADDRESS	09 0'Del	1 Avenue		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Fir		Middle HALL	KNAPP	4. DATE OF DEATH	Month April	25	
5.	sex Female	6. COLOR OR RACE White	7. MARRIES		Jeb. 7. 189		Book Sciedle down	FUNDER TYEAR	Haurs Min.
Ľ	House FATHER'S NAME	ing lite, even it retired)	done 10b. Ki	ND OF BUSINESS OR INDUST	11. BIRTHPLACE (SHOP Kentuc 14. MOTHER'S MAIDEN Nichatie	ky	ntry)	12. CITIZEN C	SA
	. WAS DECEASED E		RCEST 16. S	OCIAL SECURITY NO. 17. II	NFORMANT	napp,	1509 01	Dell +	lvenue
ATION	Canditions, if gave rise to imm (a), stating the cause last.	underlying DUE TO		rterioscle mti					19. WAS AUTOPSY PERFORMED? YES NO S
MEDICAL CERTIFICATION	20g. EXTERNAL CAPRIMARY   gr CCCAUSE OF DEATH	JRY Month, Day, Yes		HOW INJURY OCCURRED. (E	inter nature of injury in Po CE OF INJURY (Home, for ary, street, affice bldg., et	rm, i 20f. (City or		(County)	(Stote)
ME	p. m.	hat I took chorge	of the receives X	emoins described obo	ve, held on Autop cide, HomicidM.D. CHIEF MEDICAL I ASSISTANT MEDI DEPUTY MEDICAL	EXAMINER CAL EXAMINER	pection <b>K</b> , etermined can	Inquiry [ use ].	DATE SIGNED
	BURIAL CREMATI REMOVAL (Specify DULL AL FUNERAL DIRECTO	" 4/28/5	) F   2	Parkwodd (	Cemetery	Ba		, Mary	
1	eonard	0 0 1	305 H	arford Road		APR 2 8 '59		LAM'S SIGNATU	

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	e dani velpa		

**CERTIFICATE OF DEATH** 

4026

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<u></u>		2000							Keg. D	ist. No	)	
1.	PLACE OF DEATH . COUNTY Baltimor	6		MARYLAND	g. STAT	residence (Wheel	nere decease	b Ball			ore admiss	iion)
Г	b. CITY OR TOWN (If	outside corporate limits, w	rite c. LENGTH	OF STAY IN 16			ulside corpo	rate limits, write R			arest fowr	n)
	RURAL ond give ne Towson	arest town)			Tows	Pro-	5					
Г	d. NAME OF HOSPITA	AL (If not in haspital, give			d. STRE	ET ADDRESS	1				e. IS RES	IDENCE
L	911 Sout	herly Rd.	Towson	1 4, Md.	911	South	erly	Rd.				FARM?
3.	NAME OF DECEASED (Type or print)	Frank		Middle K	ohlern	lost nan, Sr.	4. DATE OF DEATH	Mor A D	ril	D:	-/	Year 19 59
5.	SEX		MARRIED NEV		8. DATE OF			9. AGE (In years		R 1 YEAR		ER 24 HRS.
	Male	White w	DOWED [	DIVORCED [		27,188		73 yrs.	Months	Days	Hours	Min.
10	o. USUAL OCCUPATIO	N (Give kind of work done ng life, even if retired)	106. KIND OF BU	ISINESS OR INDU	JSTRY 11. BIR	THPLACE (Stote	or foreign co	ountry)	12. CI	TIZEN (	OF WHAT	COUNTRY
	Pass Bur		B&O Ra	ilroad	Ma	ryland	3			USA		
13.	FATHER'S NAME					ER'S MAIDEN N			-	0 1041		
	Michael	Kohlerman	The C		Pau	line K	Ceil					
15.		IN U. S. ARMED FORCES		URITY NO. 17.	INFORMANT			Add	ress			
	No	74.		-6685 1	F.L. K	ohlern	nan.J	r. 322	Wood	law	m Ro	1. 10
	18. CAUSE OF DEA	TH [Enter only one couse						- V			ERVAL BE	TWEEN
		H WAS CAUSED BY:	0	1	n	•				ON	SET AND	DEATH
	420.1	IMMEDIATE CAUSE (a)	corona	uj Amo	mina	7				a	rant	4 dai
	Conditions, if on	DUE TO	ardio-	-vaseu	lor d	isease				7	me	,
	gove rise to in couse (o), stoting I		advanc	· · · · · · · · · · · · · · · · · · ·		Emose	1 -			19		
	lying couse lost.	(c) (	dvange	0 - 0	ritis-1		1 vent	5			ONN.	2 .
Z	PART II. OTH	ER SIGNIFICANT CONDITION	ONS CONTRIBUTION				NAL DISEAS	E CONDITION GIV	EN IN PA		19. WAS	
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5	200 ACCIDENT WA	LINIDERIVING CI ZON	DESCRIBE HOW	INTERNATIONAL CONTRACTOR	D /6-1		D-41 D-4	11 -f 't 10 \			TES [	NO Z
ERTI	OR CONTRIBUTING	CAUSE OF DEATH I	. DESCRIBE HOW	INJURY OCCURR	ED. (Enter nati	ire of injury in t	art I or Port	I II of item 18.)			1	
10												
Š	20c. TIME OF INJURY		Not w	The same of the sa	LACE OF INJU	RY (Home, farm	, 20f. (City	or tawn)		(County)		(Stote)
ME	p. m.		t work of wor									\
	21. I certify the	at I attended the de	ceased from	rept 4	. 19	58, to a	brl	1953	that I	last s	aw the	decease
	alive on ab		-0	nd that death		110	M from	n the causes o				
	01	~ <	2.010	na mar acan	. 00001100			reet, city or town,		/ Ou		ATE SIGNE
	ACTUAL SIGNATURE	aller Sid	Wett		M.D. 4	508	ni	Char	les	Li	-	
	PHYSICIAN'S NAME (Type)		BLETT	7.	· · ·	Bal	lim	ore			710	1
22	BURIAL, CREMATION	1, 22b. DATE THEREOF		OF CEMETERY		Y	22d. LOCAT	TION (City, town,	or county)		(State	e)
	BUY14STecify)	4/4/59	New	Cathedi	ral e	m	Bal	timore.	Md -			
23.	FUNERAL DIRECTOR'S	SIGNATURE	ADDRE		540		BY REGIST	RAR 24b. REGI	STRAR'S SI	GNATU	RE	
	Idm Cook	Tourson In	1050	Vomle 1	02 ).	AP	R 6 "	59 0	.Tla 1	24		

After this certificate has been signed by the attending physician and campletely filled in by Juneral director, hed for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 shauld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours detached for use as the burial-transit permit.

death. Page 4

the registrar prior to burial, crematian, or removal, and in any event within 72 hours after

of oil at	CERTIFICATE OF DEATH	<b>&gt;</b>
diving	Management of the second of th	L Consectante (S. 177)
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Secretaria de la companya de la comp		All the first particular of the second second
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death. Page

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	A MINISTER AND A LOCAL CO.	

MARYLAND STATE DEPARTMENT OF HEALTH-BALLIMORE, 18

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death. Page 4

may be retained the haspital ar attending physician.

O FUNERAL DIRECTA: After this certificate has been signed by the attending physician and campletely filled in by the man page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

may be retained TO FUNERAL DIREC TO HOSPITAL OR

VS A1S (4) 1SM 10/57

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs aft

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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2005	Keg. Dist. 140.
1. PLACE OF DEATH OCCUPITY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY BACTO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Essel	546 ssex
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Author  Author	d. STREET ADDRESS  Paular Que e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle	
(Type or print)	RUG 4. DATE Month Day Year DEATH APRIL 17 195
22 21 - 14611	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Industrial Indus
MAZE WHITE WIDOWED DIVORCED .	JAN 18-1882 77 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF I	STRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	DALIO, MD, W.S.A.
Gustan H Yana	14. MOTHER'S MAIDEN NAME
	NFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	ruman Trug 3156 Paylor ave (21
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
MMEDIATE CAUSE (c)	an many man
Chatter of the same	to Day I sky har 2
Conditions, if ony, which gove rise to immediate	a cuaro-unulur yy
couse (o), stoting the under-	
lying couse lost. (c)	
CAT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO NO
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
The state of the s	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
Hour o. m.  p. m.  19 While Not while of work	
21. I certify that I attended the deceased from MAN 1	, 1958, to Office 1 7, 1959, that I last saw the decease
olive on april 16, 1957, and that death	occurred at I OA M, from the couses and on the date stated above
Ahum-	ADDRESS (Street, city or town, stote) DATE, SIGNE
SIGNATURE //// Danningurdne	4.D. Dallob my 4/19/59
PHYSICIAN'S NAME (Type)	1, 1, 2,
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R-CREMATORY 22d. LOCATION-(City, town, or county) (Stote)
BURIAL 4-20-1959 London Sto	isk Cemetery Julto, And.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John J. Connelly 4/8 Gastern Glid	(21) DATE APR 22'59 Cuthun S. Hama

	- HITETH ACT INDUSTRIBUTED STATE CHINATANE	
	READER OF DEATH	
		2004
Handa and the state of the stat		
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		2000 - 10
	ET TOTAL OF THE SECURITION OF THE SHALL	

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4039

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 20

e. IS RESIDENCE ON A FARM? YES NO 1  Year  19 19  IF UNDER 24 HRS. Haurs Min.
e. IS RESIDENCE ON A FARM? YES NO THE NOTE OF THE NOTE
YES NO 1  Yes No 1  Year  19 J 9  IF UNDER 24 HRS.  Haurs Min.
IF UNDER 24 HRS. Haurs Min.
Haurs Min.
F WHAT COUNTRY?
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months
9. WAS AUTOPSY PERFORMED? YES NO
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(State)
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may be retained be hospital at attending physician.

O FUNERAL DIRECTORY: After this certificate has been signed by the attending physician and campletely filled in by the Teneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be the with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs offer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO FUNERAL DIREC TO HOSPITAL OR

VS A15 (4) 15M 10/57

death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3927

**CERTIFICATE OF DEATH** 

()4021 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Balto.		MARY	YLAND 2.	O. STATE	aryland	ed lived. If institut b. COUNT	Balt	e before adm	ission)
b. CITY OR TOWN ( RURAL ond give n	If outside corporate lim learest town)	its, write c.	LENGTH OF STAY	IN 16		WN (If outside corp	porote limits, write	RURAL ond g	ive nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, 98538 Ka				d. STREET ADD 8538	Kavanau	gh Rd.		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fi	 Gillia	Middle 1 H	I.	Lam	4. DATE OF DEATE	, Mo	nth	21	Yeor 1959
5. SEX M	6. COLOR OR RACE	7. MARRIED		_	14/6/20		9. AGE (In years last birthdoy) yrs	Months	YEAR IF UN Doys Hour	IDER 24 HRS.
	ON (Give kind of work king life, even if retired be Fitter	)	of Business of Govrt.	OR INDUSTRY	11. BIRTHPLACE Virg		country)		ZEN OF WHA	AT COUNTRY
13. FATHER'S NAME				14	. MOTHER'S MA	AIDEN NAME				
Grov	ver Lam			36.03	Be	ssie Micl	nael			
15. WAS DECEASED EVE (Yes, no y unknown)	ER IN U. S. ARMED FOR		CIAL SECURITY NO	), 17. INFO	Family			me me		
Conditions, if of gove rise to it couse (o), stoting lying couse lost.  PART II. OTI	mmediale (	)	TRIBUTING TO DE	ATH BUT NOT	RELATED TO TH	IE TERMINAL DISEA	SE CONDITION GI	VEN IN PART	PERI	S AUTOPSY FORMED?
(IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY O	CCURRED. (E	nter noture of in	jury in Port I or Po	rt II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Ye	or 20d. INJU While of work	RY OCCURRED Not while of work	20e. PLACE factory,	OF INJURY (Hon street, office bl	ne, form, 20f. (Cit dg., etc.)	y or town)	(Co	ounty)	(Stote)
actual signature Physician's NAME (Type)		1259 Kan	ness AINES	M.D.	290 290	ADDRESS ( DUN  UNDAL)	m the causes Street, city or town RAN R	and on the stote)	e date sta	e deceased ited above DATE SIGNED 22-5
220. BURIAL, CREMATIC REMOVAL (Specify)	4/24/5	9	Nationa Nationa	etery or cr	EMATORY	22d. 10C/ Ba	TION (City, town, Ltimore,	or county)	(St	ole)
23. FUNERAL DIRECTOR McCully I	uneral Hom	es 130	ADDRESS E. Fort	Ave.		o. REC'D BY REGIS		STRAR'S SIGI		

VS A1S (4) 15M 10/57

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. VS. A15ME(S 5M 9/55

7394

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	U	Ü	5	4	
Dist.	No.				

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE (V	Where decea	b. COUNT		nce bef	ore odmi	ssion)
b. CITY OR TOWN and give necrest tov	(If outside corporate limits, writen)	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside cor	porate limits, write	RURAL ond	give ne	earest to	wn)
d. NAME OF HOSP	ITAL OR INSTITUTION (	If not in hos	spital, give street address)	d. STREET ADDRESS				ħ,	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fia JO	HN	MAIN	Lawrence	4. DATE OF DEATH	Mont Ap:	ril	Doy 30		ear 959
5. SEX Male	6. COLOR OR RACE	7. MARRI		B. DATE OF BIRTH	v	9. AGE (In years last birthday) 58 yrs.	Months (	1YEAR Days	Haum	ER 24 HRS. Min.
100. USUAL OCCUPAT			KIND OF BUSINESS OR INDUS	Appro			12. CtT12	ZEN OF	WHAT	COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME	30,8700				
15. WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT		Address			VE	
PART 1. DE/ 4 2 2 , / Conditions, if gave rise to imme (o), stating the couse lost.	ony, which odicte couse underlying DUE TO	Arte	riosclerotic c					ONSET	VAL BETWE	ÑH,
CATIC			ONTRIBUTING TO DEATH BUT				VEN IN PARI		PERFO	RMED?
	ONTRIBUTING D	ID. DESCRIBI	E HOW INJURY OCCURRED. (	Enter noture at injury in Par	t I or Part II	of item 18.)				
20c. TIME OF INJU Hour a.m. p. m.		While		ACE OF INJURY (Home, form tory, street, office bldg., etc	n, 20f. (Cit)	or tawn)	(Cau	nty)		(Stote)
	that I took charge d from: Natural	_	remains described about Accident , Su	ove, held an Autops icide [], Homicide		nspection X	_	, <u> </u>	and f	find that
ACTUAL SIGNATURE	Mon	she	<u></u>	M.D. CHIEF MEDICAL E	KAMINER 🔀				DATE S	IGNED
EXAMINER'S NAME (Type)				ASSISTANT MEDIC DEPUTY MEDICAL					4/3	10/59
22a. BURIAL, CREMATION REMOVAL (Specify	ON, 22b. DATE THEREC	)F	anatomy	Poard of	Md loca	TION (City, town,	or county)		(State	:)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	249 REC	D BY REGIST		STRAR'S SIG	0		

MEDICAL EXAMINER'S CERTIFICATE OF DEATH AND REAL PROPERTY OF THE PARTY OF THE PARTY. Figure 1825 and a CPU and a CLASS Figure 1921 and 1921 an 1 of the 100 \*\*\*

VS A15 (4) 1SM 10/57

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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**CERTIFICATE OF DEATH** 4040

M)	1.	PLACE OF DEATH			MARYLAND	2. USUAL RESIDEN	CE (Where deceased	d lived. If institution			on)	
	_		timore f outside corporate limi	ls write	c. LENGTH OF STAY IN 16	Mary	land /N (If outside corpo		Caroli			
		RURAL ond give no	eorest town)	13, 41110	100000000000000000000000000000000000000		10 day 10 miles	rote limits, write K	1-	arest town	1	
		d. NAME OF HOSPIT	AL (If not in hospital, g	ive street o	9 yrs.	d. STREET ADDRESS e. IS RESIDENCE					DENICE	
012	8	OR INSTITUTION				The second second		Charact		ON A	FARM?	
	-	NAME OF	ood Traini				Chambers				NO IT	
		DECEASED (Type or print)		nces	Middle Ann	lost	4. DATE OF DEATH	Mon			eor	
	_	SEX				Layton  B. DATE OF BIRTH	DEATH	9. AGE (In years	IF UNDER 1 YEAR		959	
		Female	White	WIDOWE	D DIVORCED	2/25/43		lost bisthday)	Months Doys	Hours	Min.	
	100	a. USUAL OCCUPATION during most of work	ON (Give kind of work or king life, even if retired)	done 10b. I	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign co	ountry)	12. CITIZEN C	F WHAT	COUNTRY?	
						Mary	Land		U.S	.A.		
	13.	FATHER'S NAME				14. MOTHER'S MA	IDEN NAME					
		Francis Hutchinson Layton Lilly Anne Spicer										
	IS. IYe	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO. 17. 1	NFORMANT		Addr		-		
						Rosewood	Records					
			TH [Enler only one co	use per line	e for (o), (b), ond (c).]					ERVAL BET		
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	, C	on yes time	heart	t to	lu g	ON	SET AND	DEATH	
		4-10 × DUE TO										
		Conditions, if o		, de	re to N	litral	- 0A	ivous	2			
* )		gove rise to in										
1		lying couse lost.	(c)	)								
	FICATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEASI	E CONDITION GIV	EN IN PART 1(a)	9. WAS A	UTOPSY	
	S										NO 🗌	
	CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature of in	ury in Port I or Part	II of ilem 18.)				
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While	Not while of work	ACE OF INJURY FHom tory, street, office blo	e, farm, 20f. (City lg., etc.)	or town)	(County)		(State)	
	9	21. I certify th	at I attended the	decease	d from January	19 50 1	o_April	15 19 50	that I last so	aw the	decageed	
	3	alive onA	oril 15	. 1259		accurred at 5:	15 AM from	the course of	and on the do	to state	d above	
			7 0		V D	Ø 80	ADDRESS (St	reet, city ar town,	state)		TE SIGNED	
		ACTUAL SIGNATURE	ret w		Keelrot	up of with	ulono	+				
1				_		m.o.		0 0	^	v2	0.1	
		PHYSICIAN'S NAME (Type)	eter w	·K	iezver	430	7 Mo-	- Liela	& ave	150	14~ n	
	220	BURIAL, CREMATIO	N, 226. DATE THEREO	F	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCAT	ION (City, town, o	or county)	(State	)	
		REMOVAL (Specify)	4/18/3	4	Odds Falle	WS	Sitt	-Joned	DEI		4 12 4	
	23.	FUNERAL DIRECTOR	SIGNATURE	/	ADDRESS	240	REC'D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNATU	RE		
4146	X	lowerd	D Suppo	ule 1	4107 Welkens	ave, DA	EPR 1 7 '59	arth	with 2. House			

		5154.40	STASHINGO TO		
		SEL MARK IN	SALVEN COURT		
Track State				43.	
		A CONTRACTOR	A		ACAR SHOW
		Sep 21			
122	**	Author Charles			
		The Residence of the Party of t	- ma		a maria ilima
			purp were most read	-	are myA
				A CONTRACTOR OF THE PARTY OF TH	

1	5	L	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  Medical Champer FIFICATE OF DEATH  Reg. Dist. No.	4023
Fage I director	M)	1.	PLACE OF DEATH a. COUNTY  Balto.  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before on STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before on STATE  Md. Balto.	ore admission)
eath be		6	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	arest town)
by the	X		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Glenn L. Martin CoMartin Plant Hosp.  Upland Rd. and Wilson Ave.	e. IS RESIDENCE ON A FARM? YES NO
hin 24 haur y filled in b oges 1 and		L	NAME OF DECEASED PAUL ARTHUR LEHNER 4. DATE OF DEATH APril	17, 1959
d with	1)		male White WIDOWED DIVORCED Mar. 22, 1905   Ost birthdoy) Months Doys	Hours Min.
ond cam			o. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (State or foreign country)  Supervisor  Phone Mfgs  12. CITIZEN C	OF WHAT COUNTRY
ician e cort			August J. Lehner Pauline A. Fox	
n certific ing phys e remay 72 hour		(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no. or unknown) (If yes, give wor or dates of service) NO Mrs. Anite B. Lehner - Fork, Md.	
the attend the attend Then please				ERVAL BETWEEN
requires the tian. on signed by nsit permit. and in any e			Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (b) Matural Cause.	
The law re ng physiciar e has been burial-transi	0	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
trending trificate s the bu		AL CERTIF	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSI ital or a this cer or use a		MEDIC	20c. TIME OF INJURY Manth, Day, Year Hour a.m.  p. m.  19  20d. INJURY OCCURRED While Not while at work at wor	(State)
After head for riol, o			21. I certify that I attended the deceased fram	
RECEIOR to bu			actual signature actual Collins Deputy Medical Colons	DATE SIGNE
RAL DIR should stror pri	0		PHYSICIAN'S TALK C COllins Beet 22	
O HOSPITAL may be reta O FUNERAL page 3 shouther registror	67		Burial 4/20/59  Surial 4/20/59  Doudon Park Ceme  22d. Location (City, town, or county)  Balto. Md.	(State)
VS A15 (4)		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE OF DATE OF 15 ON THE PR 2 0 158 CALLY & HEAVEN & HEA	

A NORTH AND A TRANSPORT OF THE METERS AND A PROPERTY OF THE METERS AND A P ANTABU SQLATA MEMORY \* \* 2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH sory, please exe-PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Marvland Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) and give negrest town Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE prior ON A FARM? 605분 605 Aldershot Road Aldershot Road YES NO NAME OF Middle DATE Lost Manth Year DECEASED OF DEATH (Type or print) 1/1 159 HET EN LIPSITZ April 5. SEX 6. COLOR OR RACE 7- MARRIED 7 NEVER MARRIED 7 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 2 with the Months Days Haurs Min. WIDOWED IX Female White DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Hagerstown, Md. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm.H. Ridenour Edna Mae Funk 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Mr. Richard E. Ridenour-839 Widlwood Pkwy. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Over dosage of barbiturate IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY o CATION PERFORMED? YES K NO 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) Took over dose of barbiturate 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) Month, Day, Year (Caunty) (Stote) factory, street, office bldg., etc.) Nat while While unknown 19 al work al wark 605 Aldershot Road. Catonsville House 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection . Inquiry . and find that to he Chief DIRECTOR: death resulted fram: Natural causes ... Accident , Suicide x. Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURI forworded to ASSISTANT MEDICAL EXAMINER TH remova EXAMINER'S William V. Lovitt. Jr. NAME (Type) DEPUTY MEDICAL EXAMINER 22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 0 Pikesville. Md. Druid Ridge Cem. Burial ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(S) 5M 9/55

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VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4043 CERTIFICATE OF DEATH

04025

										Keg. Dist	. 140.	
1. PLACE OF DEA	Datonsville	7	MAR	RYLAND	2. USUAL a. STAT	RESIDENCE (VE)	, ,		If institution	n: Residence	before	admission)
b. CITY OR TO	WN (If autside carporate lim		LENGTH OF STA	Y IN 1b	c. CITY	OR TOWN (I		rporate limi	its, write RU	RAL and gi	ve neore:	st tawn)
	give nearest town)	4 /	6.15. 5m	0 278	6	Ballimo	ore 6	2.6		3 V	21-	11
	OSPITAL (If not in haspital, o	give street add			d. STR	EET ADDRESS		179			e.	IS RESIDENCE
500		State	Haspil	tal		1801	N. 7	Tulton	54			ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print)	Fi		Midd		P	Last	4. DAT		Manti	h	Day	Year
5. SEX	6. COLOR OR RACE		NEVER MARI		8. DATE OF		DEA		Aril	IE LINDER 1	YEAD IS	1957 UNDER 24 HRS.
<i>F</i>	W	WIDOWED			?	18	76	last I	(In years pirthday) 2 yrs.			Haurs Min.
10a. USUAL OCCI	UPATION (Give kind of wark of warking life, even if relired	dane 10b. KIN	D OF BUSINESS	OR INDU	STRY 11. 81	THPLACE (Sto	te ar fareig	n country)		12. CITIZ	EN OF	WHAT COUNTRY
*00S	ewife	<b>'</b>				Turk	Ley			-	0.5.	A.
13. FATHER'S NAM	ME				14. MOTI	IER'S MAIDEN	NAME				1-8	
Agr	on Rosenth	ower				Dora	. Dut	4ch				
15. WAS DECEASE	ED EVER IN U. S. ARMED FOR		CIAL SECURITY N	-	NFORMANT	0			Addre	ess		,
				K	ecords	trom	Spri	ns 5	rove	Stale	H	as pital
	OF DEATH [Enter anly one co	use per line f	ar (a), (b), and (c	:)-]	11		1	1		,	INTERV	VAL BETWEEN
PART	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1/2	mile	af	B	one	har	Sina	inc	27.11	CIAZEI	With
420	2 / DUE TO		/	1		0	1//			0		
	, if any, which )	An	terro-1.	rle	10/12	Char	die-	Msc	when	Des	011	0
	la immediate DUE TO							1	D1.		200	
lying cause		:)(										
NOTE PART I	II. OTHER SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TER	MINAL DISE	ASE COND	ITION GIVE	N IN PART	1(a) 19.	WAS AUTOPSY PERFORMED?
77											Y	ES NO
OR CONTRIBE	NT WAS UNDERLYING [] UTING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	206. DESCRI	BE HOW INJURY	OCCURRE	O. (Enter nat	ure af injury i	n Part I ar I	Part II at ite	m 18.)			
	INJURY Manth, Day, Ye		RY OCCURRED	20e. PL	ACE OF INJU	JRY (Home, fa	rm, 20f. (0	City or tawr	1)	(Co	unty)	(State)
WED!	a. ji. p. m. 19	While at work	Nat while at wark	100	lary, sireer,	affice bldg., e	ric.)					
21. I certi	fy that I attended the	deceased	from Oci	ć. 2	10	42, 10 1	Atril	18	10.59	that I la	et con	the decease
alive an	Abril 18	1955	and the	t death		Acres .	/					stated abave
	2 8 1	1	1.	0		7			ar town, s		. duic	DATE SIGNE
ACTUAL	CM TA	bo un	fra 1	1	M.D	Spring	r Grot	ra Sta	to No	enite	3	
	1111		/							ohr na	ф	
PHYSICIAN'S NAME (Type)		ld Dri	nkard, M	IID.		Catons	sville	, Md.				
22d BURNAL, CRE		OF 3	24. NAME OF CE	METERY O	R CREMATO	RY 🔊	22d. LO	CATION (C)	tawn, ar	caunty)	4	(State)
REGIOVAL (SI	al 4-10-	19 1	neshic	on		rael		10	tal	to	/	nas
23 JUNERAL DIRE	COOK'S SIGNATURE	1.	ADDRESS		FO	24a. RE	C'D SY REG	ISTRAR	and the	RAR'S SIGN	NATURE	
KUCK &	Ceven HU.	KIOC	oule	au,	RE	DATE	LHZI	29	art	hung & 9	Haus	

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# FOR STATE HEALTH DEPT.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4044 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04026

Reg. Dist. No.

1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
-	O. COUNTY B9/fimore MARYLAND	O. STATE Many/Gue COUNTY Raffingence
	b. CITY OR TOWN (If autiside carporate limits, write RURAL ond give nearest town)	c. CITY OR TOWN (If gotside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  6049 Fq//S Rd	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES NO
1	N. NAME OF DECEASED (Type or print) T Roberto	Lost Lost OF DEATH ADR 21 1959
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.  WIDOWED DIVORCED D	DATE OF BIRTH  9. AGE (In year)  IF UNDER 1YEAR IF UNDER 24 HRS.    Solution   Solution
	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Hartford Co, Md
	HONRY Macatee	Margaret Ransey
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (If yes, give war or dates of service)	FORMANT Address 25 Walter Macatee 3008 Bayonne Ave
	18. CAUSE OF DEATH [Enter only one couse per lip top (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  UE TO  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	Occlusion Signal
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS CON	NO Per noture of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE facts of work of work of work 19	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
	21. I certify that I taak charge of the remains described abortion opinion death resulted from: Natural causes . Accident [  ACTUAL SIGNATURE   Mailles + Ohomule	
	EXAMINER'S ( Saves F-0 Donne)	DEPUTY MEDICAL EXAMINER D T/21/59
	220. BURIAL CREMATION. 226. DATE THEREOF 226. NAME OF CEMETERY OR SEMOVAL (Specify)  TO FUNERAL DIRECTOR'S SIGNATURE.  ADDRESS  ADDRESS	CREMATORY 22d. LOCATION (City, town, or county) (State)
	LEONARD J. RUCKING BOSHARA	COLORE APR 23'59 arthur & France

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nec execute the cert.

Let writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral day should be for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State Board as its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is needs one.	C	fo	O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation,	Invomes 20
Barrier .				

		4045 EDICAL EXAMINER'S CERTIFICATE OF DEATH ()4027
)	1. P	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
		BALTIMORE MARYLAND BALTIMORE
I	b	CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)  ond give nearest fown)
l		CAPE MAY BEACH
ĺ	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDE ON A FA
		1939 CAPE MAY BEACH ROAD 1939 CAPE MAY BEACH ROAD YES NO
		NAME OF First Middle Lost 4. DATE Month Day Year
		Type or print) FERDINARD MARDAGA DEATH APRIL 30 1959 19
ľ	<b>5</b> . S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1YEAR IF UNDER 24
		M WIDOWED DIVORCED JINE 8m 1865 93 yrs. Months Days Hours Min
1	0a.	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign gountry) 12. CITIZEN OF WHAT COULD
	a	Uring most of working life, even if retired)  TAILOR  RETTRED  BALTTMORE MARYLAND  II S.A.
ĺ	13.	TAILOR RETIRED BALTIMORE MARYLAND. U.S.A.  FATHER'S NAME  14. MOTHER'S MAIDEN NAME
		I OUT G MADDAGA
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
	(Yes,	no, or unknown) (If yes, give wor or dates of service)
		NO NONE MR. LOUIS MARDAGA PITTSBURG PA.  18. CAUSE OF DEATH [Enier only one couse per line for (o), (b), and (c).]
ı		PART I, DEATH WAS CAUSED BY: D = C - G - 1/ D I C PAC P
1		11991
ı		Conditions if any which)
ı		gave rise to immediate cause
ı		(o), stoting the underlying DUE TO
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO
	5	PERFORMED
	5	YES NO 20a. EXTERNAL CAUSE WAS 20b. DESARIBE BOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	CERTI	20b. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE BOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
ı		
-	WEDIC	Haur a.m. While Not while factory, street, office bldg., etc.)
	Ž	p. m. 19 dal work dat work
		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry ond find
		death resulted fram: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined cause [].
		ma Dana Dana
	V	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNE
		EXAMINER'S A B D QUIE M ASSISTANT MEDICAL EXAMINER . L- 1. 1/1
		NAME (Type) / 19. 19. 15 M DEPUTY MEDICAL EXAMINER [] 5 /1 /5 9=
	220.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Į		BURIAL MAY 4,1959 LORRAINE PARK WOODLAWN MARYDAND.
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
		HENRY SANDER & SONS INC. BALTO. MD.   S. MAY 4 '59   Criting & France

AND U.S.A Address INTERVAL BETWEEN ONSET AND DEATH PITTSBURG DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO [ 18.) (County) (Stote) Inquiry and find that rmined cause DATE SIGNED ity, town, or county) LAWN MARYLAND,
246. REGISTRAR'S SIGNATURE arthur S. Krous 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

30 1959 19 IFUNDER 14 ARS.

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE ON A FARM? YES NO

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				XX
		9	1	Y
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained the haspital or attending physician.  FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the meral director,	ed with	(	A
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NENC NENC	- A	ietach	he registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death.	
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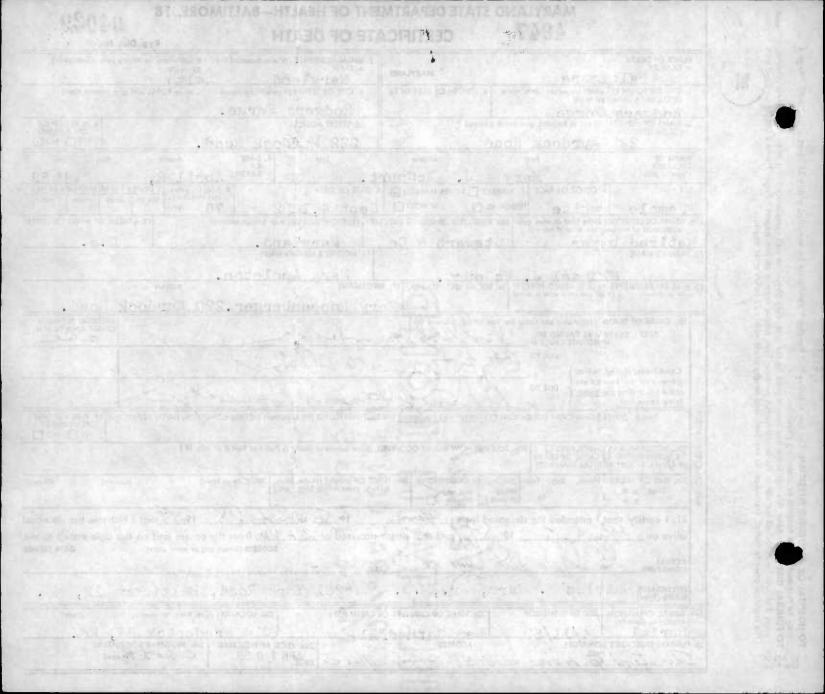
VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Balto. o. STATE b. COUNTY Md. MARYLAND Balto. b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Lochearn Lochearn d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 3623 Forest Hill Rd. YES NO Forest Hill NAME OF 4. DATE First Middle Last Month Yeor DECEASED EDITH 0. McCAULEY 59 DEATH April (Type or print) 19 5. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH Months Days Hours female white DIVORCED [ WIDOWED T Apr. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife at home Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander E. Orr Frances A. Young 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service) no Mrs. Robert Kelly 0 3623 Forest Hill 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronagy occlusion IMMEDIATE CAUSE (a) DUE TO MArteriosclerotic cardiovascular disease 10 years Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the under-10 years Diabetes mellitus lying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? **ババスドスドスイスススス** YES NO A 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.1 \*\*\*\*\*\*\* 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Manth. 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, affice bldg., etc.) MEDI Hour a.m. White Not white p. m\*\*\*\* \*\*\*\*\* \*\*\*\*\* to April 59 that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 6:45A:M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 5101 Gwynn Oak Ave. Balt. PHYSICIAN'S Millard T. Traband. NAME (Type) Jr. M. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Lorraine Cem Woodlawn. AUMERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

SECOND CONTRACTOR OF THE PARTY		* A	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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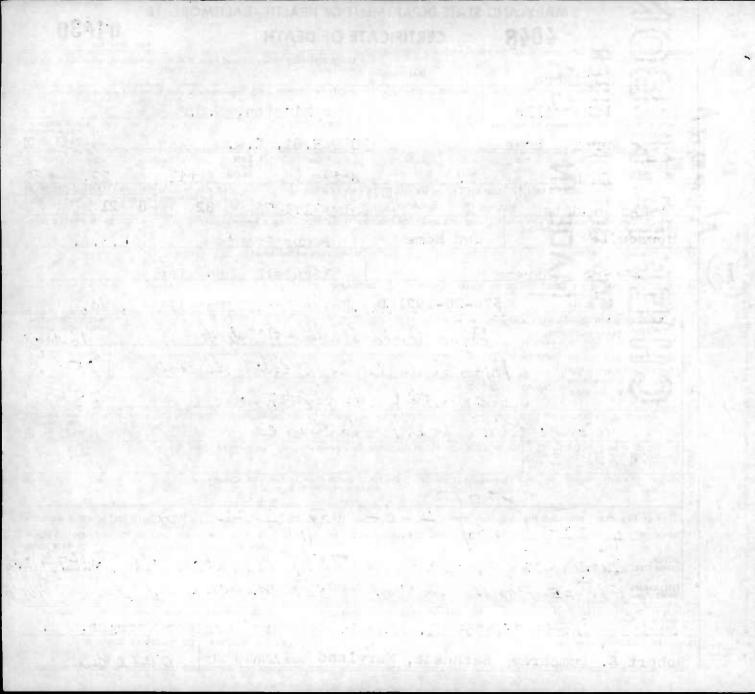
#### CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04030

2030	CERTITION	TIE OI DEAT		Reg.	Dist. No.
1. PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W o. STATE	here deceased live	d. If institution: Reside. COUNTY	dence before odmission)
b. CITY OR TOWN (If outside corporate limits, win RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate l	imits, write RURAL or	nd give nearest town)
Rural Pikesville d. NAME OF HOSPITAL (If not in hospitol, give s	treet address)	Washing d. STREET ADDRESS	ton, D.	C. 47>	e. IS RESIDENCE
Robbs Nursing Home		3050 R.St.	N.W.		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) R11+h	Middle	Lost Meigs	4. DATE OF DEATH	Month mari T	Doy Year 22 19 50
110.011	MARRIED NEVER MARRIED	8. DATE OF BIRTH	1 22	GE (In years   IF UND	DER 1 YEAR IF UNDER 24 HRS
	OOWED DIVORCED	July 31.18	lo	2 yrs. Manth	S 21's Hours Min.
<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>				12. (	CITIZEN OF WHAT COUNTRY
Housewile	Own Home	Pennsy			U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Delvine Marea		Elizabe	th Bre	wster	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [ (If yes, give war or dates of service)		NFORMANT		Address	
No None	578-20-1921 D	s. Helen Re	a. Pike	sville 8	Md
18. CAUSE OF DEATH [Enter only one couse p		0		,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Right Cerebri	Vas autor f	Cardent		ONSET AND DEATH
443× DUE TO			,		
Conditions, if ony, which ) (b)	hypertenive (	ardio vas a	der de	rease	754rs
gove rise to immediate couse (a), stating the under-lying couse last.	Essential	Hyperton	nion		75 yr.
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	NINAL DISEASE CO	NDITION GIVEN IN P	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO L
200. ACCIDENT WAS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 18.)	7
					1377 TOTAL
Hour o.m.		ACE OF INJURY (Home, for ctory, street, office bldg., et		own)	(County) (State
21. I certify that I attended the dec	ceased from 4 - 6 -	- 1959, to 1	1-22	. 19 <i>59</i> ,that I	last saw the decease
alive an 4-22-		accurred at 11.30 \$	M, fram the	. /	the date stated above
1 0			ADDRESS (Street,	city or town, stote)	DATE SIGNE
SIGNATURE OPENIE	morrow	M.D. 7501	Murst	on Kd	, balts7,4/2
PHYSICIAN'S GEORGE PA	MAPURAM MO	75011	MARSIC	NRd.	BALTIC 7,4/23
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, town, or count	y) (Stote)
Burial April 25	.1959 Ft. Lin	coln Cemete	ry Pr	ince Geo	orges, Md.
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE
Robert A. Pumphrey	Bethesda, Ma	ryland DATE A	PR 3 0 '59	arthur	& House
					The second secon

TO HOSPITAL OR SINDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of leath. Page 4 may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar removal, and in ony event within 72 hours after death. VS A1S (4) 1SM 9/S8



NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of TO HOSPITAL OR

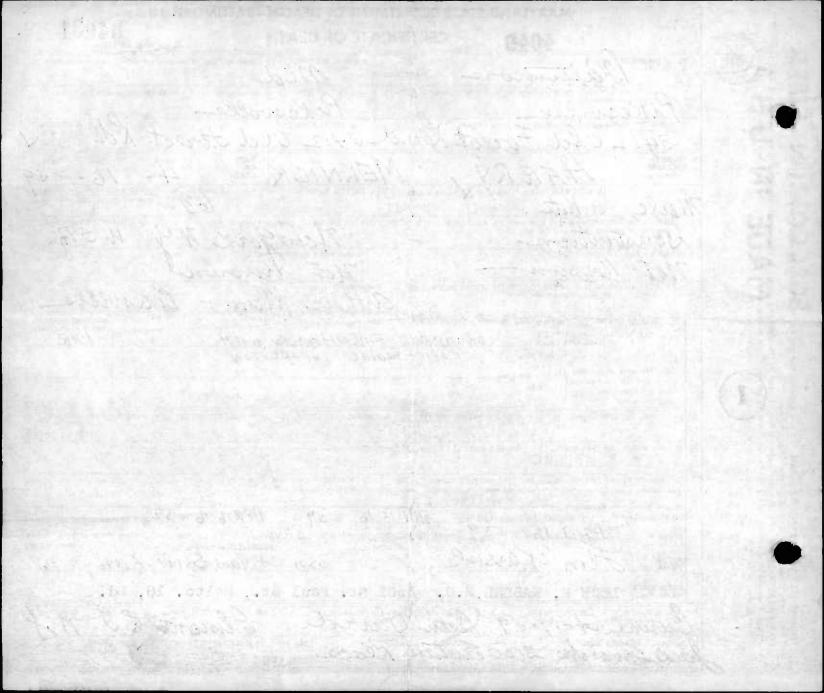
VS A1S (4) 15M 9/S8

14	WILL WILL WIDOWED DIVOKCED DIVORCED DIV		
10a	2. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHRACE (Stote or foreign country) 12. Working life even if retired)	CITIZEN OF WHAT	OUNTRY?
	Not la own 14. Mother's Malder Vame Not Mot Muown		
	0-10/1-20 11-000	esvelle	
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) CORONARY THROMBOSIS WITH	ONSET AND	
	Conditions, if any, which any rise to immediate (b)		
z	cause (o), stating the <u>under-</u>   <u>Iying cause lost.</u>   DUE TO (c)	DADT 1/-1/10 M/AS	ALITORSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFC	RMED?
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.  19  20d. INJURY OCCURRED While of work at wark	(County)	(Stote)
	21. I certify that I attended the deceased fram APRIL 16, 19 59 ta APRIL 16 19 5 That alive an ADDRESS (Street, city or town, state)	the date stated	
	ACTUAL JEM Kassel M.D. 3501 St. Paul Street, G.	2	M
	PHYSICIAN'S LEON E, KASSEL, M.D. 3501 St. Paul St., Balto. 18,		
1	ALIVRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or court femous for the court of t	Star Star	7
20	FUNERAL DIRECTOR'S SIGNATURE  ACK LEWES ONE 2100 ENTAIN PLACE DATE APR 17 '59  240. REGISTRAR  CALLERY  DATE APR 17 '59	S SIGNATURE	

IS RESIDENCE ON A FARM? YES NO

Yeor

19



V NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

the attending physicion and campletely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with vent within 72 haurs ofter death.

TO HOSPITAL OR SNDING PHYSICIAN: The law required may be retoined the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been sign page 3 shauld be detached for use as the buriol-transit per the registrar prior to buriol, cremation, ar removol, and in

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4050

#### **CERTIFICATE OF DEATH**

1	1. PLACE OF DEATH O. COUNTY Balto, MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY  b. COUNTY  c. The state of
/	b. CHT OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	SITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON THE CONTINUAGE RA	d. STREET ADDRESS 1008 Southridge Rd. e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
	3. NAME OF DECEASED (Type or print) PAUL INE MENG	ERS Last 4. DATE Month Day Year OF DEATH World 10 1959
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (IV years lost birthdoy)
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BHTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Delirese Wanner
0	(Yes, no. or unknown)  (If yes, give war or dates of service)	ins Clarice mengers
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Cardwood	ulor disease Interval Between ONSET AND DEATH about 2 yrs
	Conditions, if ony, which gove rise to immediate DUE TO	terri selerosis P
	lying couse lost. (c) Culmwarr	1 realessa 1 day It not related to the terminal disease condition given in part 1(a) 19. Was autopsy
0	CATIC	PERFORMED? YES □ NO □
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port   or Port    of item 18.)
		LACE OF INJURY (Home, form, octory, street, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that I attended the deceased from June - I alive an War 10.09, 19, and that deat	1954 19, to app 10, 1951, that I last saw the deceased h accurred at 10 AM, from the causes and an the date stated abave.
	ACTUAL WALLES WHAT	ADDRESS (Street, city or town, stole)  M.D. 4508 M. Charles D. DATE SIGNED
1	PHYSICIAN'S WALTERS. NIBLETT	
0	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CORRESPONDENCE OF CEMETERY CONTRACTOR OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
0	23 EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	DATE APR 1 4 '59 24b. REGISTRAR'S SIGNATURE

SEC. III Committee of the commit were the transfer of the way of the complete o The state of the state of the state of

TO HOSPITAL OR

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4051 **CERTIFICATE OF DEATH** 

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Balto						
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1902 Summit Ave.	#. street address 1902 Summit Ave.  o. 15 RESIDENCE ON A FARM2 YES NO 1						
3. NAME OF First Middle DECEASED (Type or print) Albert	Miller Sr.  4. DATE Month Day Year Of DEATH April 2 19 59						
S. SEX Male  6. COLOR OR RACE White  7. MARRIED NEVER MARRIED  DIVORCED  DIVORCED	8. DATE OF BIRTH POR 1891  9. AGE (In years of the light of the light of the light)  9. AGE (In years of the light)  18 Days of the light of the lig						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired  Hardwood Floor	The transfer						
Johan Willman	14. MOTHER'S MAIDEN NAME Liisu Wakker						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (If yes, give war or dates of service)   215-14-9600	INFORMANT Address  Mrs. Iillian Miller 1902 Summit Ave.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate casse (a), stating the under lying cause last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
	PERFORMED? YES NO  RED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of two of work 19	PLACE OF INJURY (Home, farm, actory, street, affice bldg., etc.) (Caunty) (State)						
21. I certify that I attended the deceased fram. 47.7 alive an 47.7 and that deal actual Paul H. Aunto- Physician's PAUL H. ANNIK Tope	th accurred at 5 PM, from the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  M.D. 3800 Each way 4 43						
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify) April 6/59 Oak Lawn	OR CREMATORY 22d. LOCATION (City, town, or county) (State)						
Purial April 0/59 Oak Lawn 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lilly & Zeiler Inc. 1901 Eastern	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						

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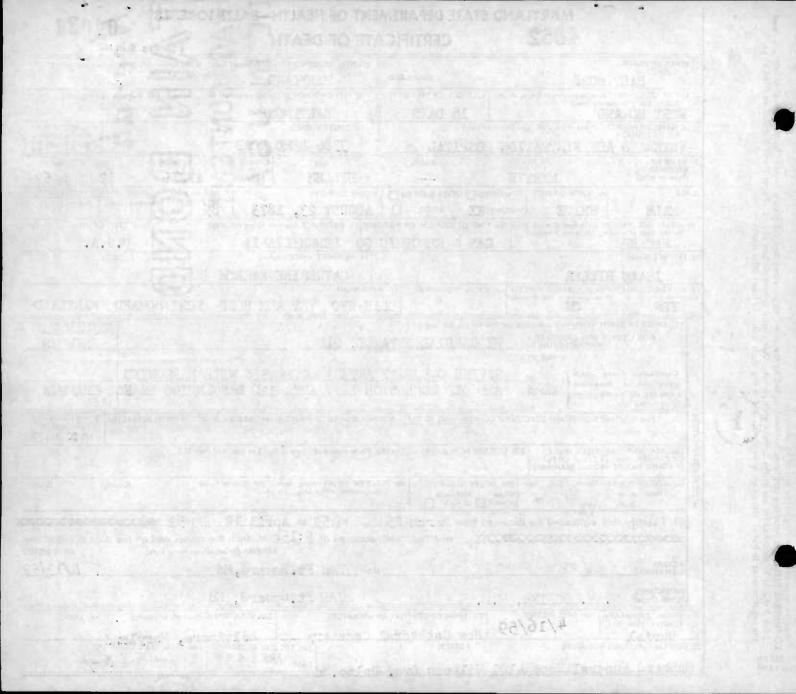
VS A15 (4) 1SM 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4052

**CERTIFICATE OF DEATH** 

o. COUNTY	ALTIMORE		MARY	LAND	o. STATE	ARYLANI		b. COUNTY		figure before	re odmis	sion)
b. CITY OR TO	WN (If outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY C	R TOWN (If ou	utside corpor	ote limits, write R	URAL ond	give nec	arest tow	n)
FORT HO	give nearest town)		18 DAYS		51 1	BALTIMO	RE / 2.7					
d. NAME OF H	OSPITAL (If not in hospital, gr	ve street				T ADDRESS	- (00)	1		T	e. IS RE	
OR INSTITUT	IS ADMINISTRAT	TON	HOSPITAL		330	6 BERO	ROAD			2.4		FARM?
3. NAME OF	Fin		Middle			Last	4. DATE	Mon	th	Do	ov.	Yeor
(Type or print)	MART	IN			MILI	ER	OF DEATH	APRII		12	,	19 59
5. SEX	6. COLOR OR RACE		RIED NEVER MARRI	ED T B	DATE OF B	RTH		9. AGE (In years		RIYEAR	IF UND	ER 24 HRS.
MALE	WHITE	WIDOW			AUGUS'	23. 1	873	lost birthdoy) 85 yrs.	Months	Days	Hours	Min.
10o. USUAL OCCL	UPATION (Give kind of work of	lone 10b.	KIND OF BUSINESS O	R INDUST					12. CI	TIZEN C	F WHA	COUNTRY
PACKI	of working life, even if retired)		GAS & ELEC	TRIC	CO PI	ENNSYLV	ANTA			U.S.	A.	
13. FATHER'S NAM			CHAP C. DIADO.	LAULU		R'S MAIDEN N						
TSAA	AC MILLER				CAT	HERINE	FARL	W				
15. WAS DECEASE	EDEVER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. IN	FORMANT	A A AME GAL A TAME	Tantin	Add	ress			
YES (Yes, no, or unknown)	(If yes, give wor or dates of se	rvice)		CLJ	N REC	VET A	DM HOS	P FORT	HOWAI	RD	MARY	TAND
	OF DEATH [Enter only one co-	use per li	ne for (a) (b) and (c)	1						LINITI	ERVAL B	FTWEEN
	I. DEATH WAS CAUSED BY:	3.6			om on	73				ONS	SET AND	DEATH
420	IMMEDIATE CAUSE (o)	101	YOCARDIAL :	INPAR	01, 01	<u> </u>					UNKN	OWN
		C	TOGOD STOSTES	TATORE	ATOMITTED T	COCATED	OCTO N	מכומוג זוווירו	OLTEN			
	to immediate ( )							TTH NARR			TTATICAL	COT. TAT
lying couse	toting the under-	-	ND OLD OCCI	POSTO	14 14646 1	ARIER.	THT DE	POCEMDING	DEAL	поп	OMVM	OMM
	II. OTHER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT I	OT RELATED	TO THE TERMIN	NAI DISEASE	CONDITION GIV	FN IN PAI	PT 1/0) 1	9 WAS	AUTOPSY
PART I										,(0)	PERFO	NO
OR CONTRIBLE	NT WAS UNDERLYING UTING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED	(Enter natur	e of injury in P	ort I or Parl	II of item 18.)	By S		18	37
	INJURY Month, Day, Yea	r 204 I	NJURY OCCURRED	20e PLA	E OF INIUS	Y (Home, farm,	206 (City	or town)		(County)		(Stote)
20c. TIME OF Hour		While	Not while	foct	ory, street, o	fice bldg., etc.	)	or rown,		County		(Siore)
	p. m. VA	at war				4	1					
	fy that Nattended the											
ONDERE	000000000000000000000000000000000000000	COLO	OCK, and that	death	occurred					he da		
ACTUAL	11161	01.	rn.D.					reet, city or town,	state)		D	ATE SIGNE
SIGNATURE_	Morre	ne	V1112	N	.DYA	H Ft. Ho	ward,	Md			4,	/13/59
PHYSICIAN'S NAME (Type)		2. M.	D		VA	H Ft.Ho	ward,	Md				
	MATION, 226. DATE THEREO		22c. NAME OF CEM	ETERY OR	CREMATOR		22d. LOCAT	ION (City, town,	or county)		(Sto	te)
REMOVAL (SI	1/10	/59	New Cathe	dral	Comet	03777	Dol.	halmana 1		-		
THE PERSON NAMED IN	ECTOR'S SIGNATURE		ADDRESS	WHI.	Center		BY REGIST	RAR 246. REGI	STRAR'S SI	CNATU	RE	
Hubband	Francia II	1.705	77171			DATE A	PR 1 6	59 C	Irthung .	& Ki	aug	



## FOR STATE HEALTH DEPT.

M

or. Page or files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the cert.

4 should be forced ded to the Chief Medical Examiner's Office along with form PM3. Page 5 rapy be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1/ond 2 with the State Board or its designated agent, prior to buriol, cremation, ar removal, and in any event within 72 your after death.

VS. A15ME 5M 2/57 CIR

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4053 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE kd. b. COUNTY Baltimore
b. CITY OR TOWN [If outside corporate limits, write RURAL ond give nearest lown]  Lyndon	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Longnecker Road	d. street address Longnecker Road  e. IS RESIDENCE ON A FARM? YES 1 NO
3. NAME OF First Middle DECEASED (Type or print) Harold Pierce Mont	tanye   4. DATE   Month   Doy   Yeor   Seath   April   6,1959   19
Male White WIDOWED DIVORCED 1	DATE OF SIRTH APPIL 22,189.6  9. AGE (In years lead birthday) 62 yrs.    Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Writer	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Stanley S.Montanye	14. MOTHER'S MAIDEN NAME Lillian A. Montanye
(Yes no or unknown)   I'll was give war as dates of service)	r.C.N.Montanye, Glyndon, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Hypertensive Ar  Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause tast.  (c)	rteriosclerotic C-V Disease 5 vrs.
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?  YES \( \text{\titte{\text{\texitet{\text{\text{\text{\texi\texi{\text{\texitet{\texitett{\text{\texi\texi{\texi{\texi{\texi{\texi{\texi{\texi}
PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH.  NONE  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20c. PLACE	CE OF INJURY (Home, farm, pry, street, office bldg., etc.)  20f. (City or town) (County) (State)
21. I certify that I taak charge of the remains described aborapinian death resulted fram: Natural causes [4], Accident [6]	
EXAMINER'S D. D. Caples, M. D.	_M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   4-6-59
226. BURIAL CREMATION.   22b. DAYE THEREOF   22c. NAME OF CEMETERY OR BUrial   April 8/59   Woodlawn	Woodlawn.Md.
23. FUNERAL DIRECTOR'S SIGNATURE  J.F. Eline & Sons, Reisterstown, Mc	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE APR 7 159 Civiling S. Kraug

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MARYLAND	STATE	DEPARTMEN	NT OF H	HEALTH-	BALTIM	ORE, 18
MEDIC	AL EX	AMINER'S	CERTI	FICATE	OF DE	ATH

01036

	15167	3995	DICA	L EXAMINER	'S CERTIFICA	ATE OF	DEATH	Reg. Dis	i. No.	90
1.	o. COUNTY Bal	timore		MARYLANI	2. USUAL RESIDENCE			Balt:		
1	b. CITY OR TOWN (I) and give nearest lower Dunda		RURAL	18 yrs.	c. CITY OR TOWN		porate limits, write			
		Bright A		ital, give street address)	d. STREET ADDRESS		ght Ave.			ON A FARM?
	NAME OF DECEASED (Type or print)	Fin CHAR		Middle ELMER	MOORE	4. DATE OF DEATH	Manth		Day	Year 19 59
5. :	male	6. COLOR OR RACE white	7. MARRIE		8. DATE OF BIRTH April 5th	1,1879	9. AGE (In years text birthdoy) 79 yrs.	Months D		UNDER 24 HRS. ours Min.
_	1st He	ng life, even if relired)	lone 10b. Ki	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SM				EN OF W	YHAT COUNTRY
		fferson M				Price				
	no no or unknown	(If yes, give war or dates of s	ervice)	OCIAL SECURITY NO. 17. L3-09-0582	Mrs. D.S.	Nesbi	tt same	85 7	#2	
		diote cause	16	mary (	Ocefusi notic 1	Mean	t clis		INTERVAL ONSET AI	BETWEEN ND DEATH MULTI-
CATION	PART II. OTH	) (c). HER SIGNIFICANT COND		NTRIBUTING TO DEATH BUT				EN IN PART	1(a) 19. YES	PERFORMED?
AL CERTIF	20g. EXTERNAL CAL PRIMARY   or COI CAUSE OF DEATH.	NTRIBUTING [		HOW INJURY OCCURRED.						
MEDIC	Hour a.m.	RY Month, Day, Yea	While of war	Nat while fo	ACE OF INJURY (Home, for clary, street, affice bldg., a	orm, i 20f. (Cil)	y or town)	(Coun	ity)	(State)
		fram: Natural	- 0	emains described ab , Accident, So	ave, held an Auto vicide, Homici		nspection <b>X</b> , ndetermined c	Inquiry ause [].	<b>1</b> , o	and find that
	ACTUAL SIGNATURE	Jack (	lat	lein	M.D. CHIEF MEDICAL				0	ATE SIGNED
	EXAMINER'S	JACK	0 10	allinis	DEPUTY MEDICA				7	1

22g. Burial, CREMATION, 22b. DATE THEREOF Burial 4/1/59

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, tawn, or county)

(Slale)

Meadowridge Memorial Dorse
Appress
App Dorsey, Maryland
REGISTRAR 246, REGISTRAR'S SIGNATURE arthur & House

VS. A15ME(5) 5M 9/55

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# TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs office death. Page 4 may be retained the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 3 should be detoched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registror prior to burial, crematian, or remayal, and in any event within 72 hours after death. I

	MARYLAND ST	ATE DEPAR	TMENT C	F HEALTH	H-BALTI	MORE,	18		1.E.
	4054	CERTIF	ICATE C	F DEATH	Н		Reg. Dis	()4()3	7
1.	PLACE OF DEATH  o. COUNTY  BALTO,	MARYLA	II a STA	RESIDENCE (WI	here deceased li	ved. If institut b. COUNTY		e before odm	ission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN	1b c. CIT	Y OR TOWN (IF	outside corporat	e limits, write f	RURAL and g	ive nearest to	wn)
	d. NAME OF HOSPITAL (If not in hospital, give street oddr. OR INSTITUTION 904 WOOD WARD	DRIVE	d. STI	REET ADDRESS	bown	9RD	DRI		ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print) MARY	1 Middle	OORE	Lost	4. DATE OF DEATH	APR		Day	Year 195 9
	FEMALE WHITE WIDOWED	DIVORCED [		BIRTH . 17, 189	9.	AGE (In years lost birthday)		YEAR IF UN Days Hour	DER 24 HRS.
	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSE WIFE	O OF BUSINESS OR I			LAN	_	12. CITI	ZEN OF WHA	COUNTRY
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HOE	14. MO1	HER'S MAIDEN N	NAME awn				
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? If tyes, give war or dates at service)  (If yes, give war or dates at service)	IAL SECURITY NO.	17. INFORMAN	VM, M	OORE	904	WOOL	OWAK	D D.
	Conditions, if any, which gave rise to immediate	strok	, retri	perit		wit	4	INTERVAL ONSET AN 2	BETWEEN ID DEATH
CATION	Couse (a), stating the under- lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONT	ributing to DEATH	BUT NOT RELAT		Y MC			1(a) 19. WAS	S AUTOPSY FORMED?
CERTIFICA	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	HOW INJURY OCC	URRED. (Enter no	ture of injury in	Part I ar Part II	of item 18.)		YES [	NO [4
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJUR Haur o. m. While at wark	Not while		URY (Hame, form affice bldg., etc		town)	(C	ounty)	(State)
	21. I certify that I attended the deceased falive an 21, 19 59  ACTUAL SIGNATURE Market Marke	nom John de de		59, to dot 1:056	M, fram the ADDRESS (Street)	he causes	and on th	ast saw the	e decease ited above DATE SIGNE it /24/
	PHYSICIAN'S Charles 4. 1	rerr		Bs	2tin	yore (	G M	d -	
	BURIAL 4-27-59 M	EADOWS		ORY CEMETER		N(City. town,  BALT	or county)	(SI	O -
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS & Castern	Bled.	2/ DATE	APR Z 8	9 24b. REG	STRAR'S SIG	PATERINA	

AT THE MAN THE PERSON OF THE P	

04038 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE  Manufand b. COUNTY  Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorestawn)  Baldwin	c. CITY OR TOWN (Il outside carporate limits, write RURAL and give nearest town)  X Baldwin
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION Cherry Hill Road	d. STREET ADDRESS Cherry Hill Road On A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) Charlotte Mary May	Mueller 4. DATE Month Day Year OF DEATH 4- 8- 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1894  Dec. 10, 1897/ 64 0 yrs.  By AGE (In years lef UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min,
10a. USUAL OCCUPATION (Give kind of wark dane of 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country)  Neward, New Jersey  USA
13. FATHER'S NAME  George Mc Caffrey	14. MOTHER'S MAIDEN NAME  Emma Sterncoff
(Yes, no. or unknown)   (If yes, give war or dates of service)	Mr. Michael J. Mueller, same
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CECE STO V35	color Accident interval between onser and Death
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  DUE TO  DUE TO  (b)  DUE TO	Torosiy - Gerere
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d)  19. WAS AUTOPSY PERFORMED?  YES \( \sum \) NO \( \sum \)
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Port II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED for the p. m. 19 work day of wark day of war	ACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) clary, street, affice bldg., etc.)
21. I certify that I attended the deceased from Nax alive on 1256 7, 19.59, and that death ACTUAL SIGNATURE William A. Tyson	n occurred at 33 p. M., from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 4955  M.D. 4955  ADDRESS (Street, city or town, state)  M.D. 4955  M.D
220. BURIAL, CREMATION, 22b. DATE THEREOF St. John	1 . I was to a second
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L.J.Ruck, Inc. 5305 Harford Rd. #1	4 DATE APR 1 0 '59 24b. REGISTRAR'S SIGNATURE Ariling & Thank

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF PEALTE BALLIMORE, TO

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH RSTATE Reg. Dist. No EALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATI o. COUNTY. O. STATE b. COUNTY files. Heolth, MARYLAND M b. CITY OR TOWN (If outside corporale limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWIS O outside corperate limits, write RURAL and give nearest town) Board OR INSTITUTION (What in habital, give street address) STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL ON A FARM? YES NO retoined State | NAME OF DAT Day Yeor DECEASED 195 (Type or print) 9. AGE In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF AIRTH IF UNDER TYEAR IF UNDER 24 H Months Dovs Hours WIDOWED [ DIVORCED [ 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if refired) 13. FATHER'S NAME 14 MOTHERS MAIDEN NAME Bessie Hughes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address Schaub Avenue 227-16-8046 4936 race INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO OFF Conditions, if ony, which; gove rise to immediate couse DUE TO (a), sloting the underlying couse lost. Exomir PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO Y 20a. EXTERNAL CAUSE WAS
PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OFCURRED. (Enter noture of injury ig Part I or Port II of item 18.) 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c, TIME OF INJURY Month, Doy, Year 20f (County) (Slote 1950 While factory, street, office bldg., etc.) of work of work 21. I certify that 1 took charge of the remains described above, held an Autopsy Inspection 1 Inquiry and in my DIRECTOR: opinion death resulted from: Natural causes Accident Suicide X. Homicide Undetermined manner its designated DATE SIGNED **ACTUAL** M.D. CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL C ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) DEPUT 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole) 101 REMOVAL (Spegify) Parkwodd emetery imore, Mary 23. FUNERAL DIRECTOR'S SIGNATURE Z40. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5305 Harford Road #14 DATAPR 1 4 '59 5M 2/57

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**CERTIFICATE OF DEATH** 

()4()4() Reg. Dist. No.

1 BLACE OF BEATH										
1. PLACE OF DEATH a. COUNTY			MARYLA		SUAL RESIDENCE (	Where deceases	d lived. If institut b. COUNTY	ion: Residence	before a	dmission)
	Baltimore		MARTIN	ND	Marvl	and		Ral ti	more	
b. CITY OR TOWN	(If outside corporate limit	s, write	c. LENGTH OF STAY IN	1b c	CITY OR TOWN (	If outside corpo	rote limits, write f	RURAL ond giv	e nearest	town)
RURAL ond give		- 727		1						
	Overlea				Overl	ea				
OR INSTITUTION	PITAL (If not in hospital, gi	ve street o	ddress)	1	STREET ADDRESS					S RESIDENCE
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	1214 Cardwe	II Av	e		4214	Cardwe	II Ave.		***	IS LI NO LA
3. NAME OF DECEASED	Firs	t	Middle		Lost	4. DATE	Moi	nth	Day	Year
(Type or print)	Harr		-	20	12	OF DEATH				10 -
S. SEX		,			llen			ril	29	19 59
J. JEA	O. COLOR OR RACE	- MARRI	ED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years last birthday)	The second secon		UNDER 24 HRS.
Male	White	WIDOWE	DIVORCED [	J Da	2 77 78	771	8), yrs.	Months	ays H	ours Min.
	TION (Give kind of work d	one 10h k	CIND OF BUSINESS OF I	NIDUISTRY	DIPTHPLACE IS	1		12 CITIZI	ENI OF W	HAT COUNTR
during most of w	orking life, even if retired)	One 100. F	CHAP OF BOSHAESS OK I	HOUSTRI	II. BIRTHFLACE (SIG	ne or roreign co	ountry)	12. CHIZI	EN OF W	MAI COUNTR
Metal V	Vorker		Sheet Meta		Balto	MA		77	CA	
13. FATHER'S NAME			- Director Income		MOTHER'S MAIDEN			U	SA	
	John Mullen				Hakaa	en Mar	v Walla	100		
IS. WAS DECEASEDE	VER IN U. S. ARMED FORCE	ES? 16. S	OCIAL SECURITY NO.	17. INFORM	AANT	****	Add	ress		
(Yes, no, or unknown)	(If yes, give war or dates of se	rvice)				1	001 - 0			
No		121	5-09-0393	Lawre	nce L. Mu	llen 4	214 Card	well A	ve.	6
18. CAUSE OF D	EATH [Enter only one cou	se per line	e far (o), (b), and (c).]	0	Λ	3 15 15 17 17			INTERV	AL BETWEEN
	EATH WAS CAUSED BY:	GAD	no loss ul	This a	- Thank				ONSET	AND DEATH
	IMMEDIATE CAUSE (0)	(0)	ce accord	7.00	70,000	,			Losso	A. 85
4.00001	DUE TO	_	0	-						
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NOTES PART II. O	THER SIGNIFICANT CONE	MIONS CO	JINTRIBUTING TO DEATH	BUI NUI	CELATED TO THE TER	MINAL DISEAS	E COMPTION GI	VEN IN PART 1	(o) 19. V	ERFORMED?
3 Emil	& Cnown,	mal	mutulin	# W	wexun					S NO
20g. ACCIDENT V	VAS UNDERLYING	-	RIBE HOW INJURY OCCI				II of item 18.)			
20g. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	GO CAUSE OF DEATH			onnes. Jem	er morare or impory					
	T MEDICAL EXAMINER)									
20c. TIME OF INJU		20d. IN	JURY OCCURRED 20	e. PLACE O	F INJURY (Home, fa	erm, 20f. (City	or town)	(Cou	inty)	(Stole)
Hour a.m	. 19	While	Not while	factory, s	treet, office bldg., a	etc.)				,
₹ p. m		at work	ot work							
21 1 certify	that I attended the	decense	d from Jun	_	19.59 to	am 2	1 10.5	9 46-4 1 1-		.1
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	#					ADDRESS (SI	reet, gity or town,	stote)		DATE SIGNE
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NAME (Type)	MOHIN	("	1921e							
	ION DATE THEORY									
220. BURIAL, CREMATI REMOVAL (Specif	v)		22c. NAME OF CEMETER	RY OR CREA	MATORY	22d. LOCAT	ION (City, town,	or county)		(State)
Burial	"  5-2-1959		Westerr	1		D	alto. Md			
3. FUNERAL DIRECTO	P'S SIGNATURE		ADDRESS	-	104			CTDADIC CLOS	471105	
D THE DIRECTO	Z	11	WANTER 33	DI.	240. RE	C'D BY REGIST	1 0	strar's sign		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO FUNERAL DIRI page 3 should b he registrar

VS A15 (4) 15M 10/57

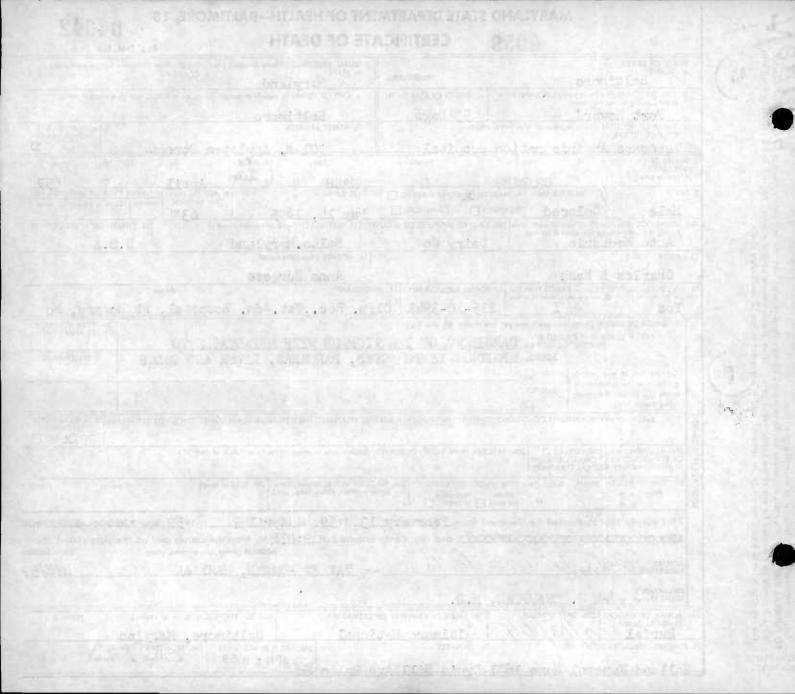
Holland Funeral Home 1631 Druid Hill

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or attending physician

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 4059 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Fort Howard Baltimore d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TO Veterans Administration Hospital Appleton 3. NAME OF Middle 4. DATE Yeor DECEASED (Type or print) DEATH CHARLES 1950 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Doys Hours Male Colored WIDOWED | DIVORCED | May 71 63 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Auto Mechanic Dairy Co Balto Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles L Nash Anna Burgess 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes own wer or dates of service) Yes WW 215-10-39/17 Clin. Rec. Vet. Adm. Hospital, Ft Howard, Md 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) CARCINOMA OF THE S TOMACH WITH METASTASES TO XXXX REGIONAL LYMPH NODES, PANCREAS, LIVER AND COLON UNKNOWN Conditions, if any, which gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) Hour o. m foctory, street, office bldg., etc.) Not while While of work of work p. m. 21. I certify that Kattended the deceased from February 13, 1959, to April 7 OXXXXXX and that death occurred at 9:07P.M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE M.D. VAH FT HOWARD, MARYLAND NAME (Type) JOHN W. CRAWFORD. 22g. BURIAL CREMATION, 22b. DAJE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Baltimore National Burial Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE PARE APR 1 0 '59



# uneral director, should be filed with

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2000

## CEPTIFICATE OF DEATH

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	222	3	CERTIFIC	AIL (	JI DLAI			Reg. Di	st. No.		
1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLAND	2. <b>USU</b> / a. ST	AL RESIDENCE (V		l lived. If institut b. COUNTY				ion)
b. CITY OR TOWN RURAL and give to Dund		ts, write	c. LENGTH OF STAY IN 16	53	TY OR TOWN (IF		rate limits, write l	RURAL and	give near	est tawr	1)
d. NAME OF HOSPI OR INSTITUTION	17AL (If not in hospitol, g 6739 Holab			d. S	TREET ADDRESS	olabir	ATTO		е	ON A	FARM?
3. NAME OF	Fir		Middle		Lost	4. DATE	Mo	nth	Day		Year
(Type ar print)	ANNA		BELLE	NEAL		OF DEATH	April		959		19
5. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	B. DATE (			9. AGE (In years last birthdoy)	IF UNDER	1 YEAR	F UND	ER 24 HR
Female	White	WIDOWE	D K DIVORCED	Jan.	13, 187	3	86 yrs.	Manths	Days	Hours	Min.
Oa. USUAL OCCUPATI	ION (Give kind of wark rking life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU	JSTRY 11.	BIRTHPLACE (Stat	e ar foreign co	ountry)	12. CITI	ZENOF	WHATC	OUNTRY
At home						irginia	2		U.S.	A.	
13. FATHER'S NAME				14. MC	OTHER'S MAIDEN						
Thomas J					Margare	t Stras					
15. WAS DECEASED EV (Yes, no, or unknown) No.	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.		Nea.	nt lis 6739	Holabi		Iress			
	ATH [Enter anly ane ca ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	C		/ A	RTERY		SEAS	ê	INTER	T AND	TWEEN DEATH
Canditians, if gave rise ta	DUE TO	A	RTE RIO SC	LER	10710	2.0.	D15,			•	8
lying couse last.											
TES 11	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH BU	T NOT REL	LEC	MINAL DISEASE	CONDITION GI	VEN IN PAR		PERFO	AUTOPSY RMED?
OR CONTRIBUTING	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURRI	ED. (Enter r	nature af injury ir	Port I ar Part	II of item 18.)				
Y 20c. TIME OF INJU Haur a. m. p. m.		20d. IN While at wark	Nat while fo	LACE OF Its	NJURY (Home, far et, affice bldg., e	rm, 20f. (City	or town)	(0	Caunty)		(State
21. I certify t	hat attended the	decease	ed from. Q	_(_6, 1 h accurr	954, to ed, of 1 A	M fram	the causes of	that I la			
ACTUAL SIGNATURE	telpo C	m	religion als	_M.D	6714		ret, city or town				E SIGNE
PHYSICIAN'S NAME (Type)	STEPH	EN	C. MACKE	win	14	BAL	LTIMO	REZ	2	K	14
REMOVAL (Specify Removal		1959	22c. NAME OF CEMETERY C			_	ION (City, town, Paw. Wes		gini	(State	e)
23. FUNERAL DIRECTOR		11	ADDRESS			C'D BY REGISTI	RAR 24b. REG	ISTRAR'S SIG	SNATURE		
Ullrich Fu	meral Home	2112	Dundalk Ave.		DATE	APR 21 "	59 6	withing d	Han	44	

moy be retained be hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the TO FUNERAL DIRECTOR. NDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours of TO HOSPITAL OR VS A15 (4) 15M 9/58

in any event within 72 hours ofter

crematian, ar removal,

the registrar prior ta burial,

C. THE PROPERTY AND ADDRESS OF THE PARTY OF CORONARY ARTERY DISEASE days ARTERIO SCLESOTIO Q. V. DIS INFECTE ULCER LEFT LEG 01/18 31 MO 5 5/1/18 ) Stephen Brodenich 6714 Mobile Com STEPHEN C. MACKOWIAK BALTIMOREDE FOR

VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4050 CERTIFICATE OF DEATH

04044

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	altimore		MAR	YLAND	2. USUAL RESIDENCE o. STATE		l lived. Il institution b. COUNTY	n: Residence	e before	e admissia	in)
	b. CITY OR TOWN (IF RURAL and give ne Catonsvil	autside carporate limi arest tawn)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If autside corpo		IRAL and gi		rest town)	<b>√</b>
-	d. NAME OF HOSPITA OR INSTITUTION		ive street	address)		d. STREET ADDRESS			V 0 /		. IS RESID	
	Shady Noo	ok Nursing	Home			201 Tusca	ny Rd.				YES 🗌	
3.	NAME OF DECEASED (Type or print)	FRANI		Middle		Lost VI CODEMUS	4. DATE OF DEATH	Month Apri		Doy		ear 959
5.	SEX			RIED NEVER MARR		DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR		
	male	white	WIDOW	ED DIVORCE	ED 🔲	Oct. 29, 1	887	lost birthday) 71 yrs.	Months (	Days	Hours	Min.
L	usual occupation during most of working Retired	N (Give kind of work on hing life, even if retired	dane 10b.	KIND OF BUSINESS O	OR INDUST	Md.  14. MOTHER'S MAIDE	ate ar fareign co	ountry)	12. CITI	ZEN OF	WHAT C	OUNTRY
13.		7 1.										
15	John J. N		CECO 14	FOCIAL SECURITY NO	17 161	Elizabe	th Cope:	SAddre		- 14		
IY.	no. or unknown) (1	it yes, give war or dates of s	ervice)	SOCIAL SECORITY NO		s. Elizabe	th A. Bu			alle	e Rd.	
NOI	Canditions, if an gave rise to im cause (a), stating t lying cause last.	y, which (b) nmediate he under-	)		•	Cardio-Vasc			N IN PART		O yrs	UTOPSY
CERTIFICATION		ronic Pye			CCURRED	(Enter nature of injury	in Port Lor Port	II of item IR )			YES 🗌	
CERT	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH										
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yea	While	NJURY OCCURRED  Not while  at work	20e. PLA	CE OF INJURY (Home, fory, street, affice bldg.,	orm, 20f. (City etc.)	or town)	(Co	ounty)		(State)
	actual SIGNATURE		19.5	19, and that			PoM, from ADDRESS (Strallow H		nd an the		e stated	d abave. re signed
	BURIAL, CREMATION REMOVAL (Specify) BURIAL	3/10/59		22c. NAME OF CEM Green M				ION (City, town, or timore, M	"		(State)	
23.	FUNERAL DIRECTOR'S	SIGNATURE	er &	ADDRESS .	Wa	240. R	R 1 4 59	RAR 24b REGIST	BAR'S SHE	HATURE	ē	

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FOR ST	DEPT.
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If any deloy is necessary, please mere execute the certifies, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral of any. Poge ments should be fair ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to fur files. Profit of Puneral Directors: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health. The art is designated agent, prior to burial, cremation, ar removal, and in any event within 22 hours after death.	×
ofter de 1, 2, 43. Poge ges 1 and	1)
O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is execute the care, i.e. writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funer 4 should be far and 10 the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 5 FUNERAL DIRECTOR: Page 3 should be used as a burial-tronsit permit. File pages 1 and 2 with the Stote or its designated agent, priar to burial, cremation, ar removal, and in any event within 2 hours after death.	
certificate shard rd "pending" Medical Exam d be used as	C
EXAMINER: This e, writing the wa ed to the Chief I DR: Page 3 should ent, prior to buri	3
execute the carrest a should be fan 17 FUNERAL DIRECTO or its designated against a fan its designated a	2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg.

04045 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Boltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  Md.  b. COUNTY
b. CITY OR TOWN (It autiside corporale limits, write RURAL ord give nearest town)  McDonogh  6 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)  Baltimore 3 V 0 / - 44
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS   e. IS RESIDENCE
McDonogh School, McDonogh Road	1309 W. Belvedere Ave.
3. NAME OF DECEASED (Type or print) FLOR ENCE MAY O	CONNELL 4. DATE Month Apr. 22 19 59
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED E  White WIDOWED DIVORCED	Nov. 1.8, 1875  9. AGE (in years leaf birthday) 83 yrs.  IF UNDER 14EAR IF UNDER 24 HRS.  Months Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)  At Home	11. SIRTHPLACE (Stole or foreign country) Pittsburgh, Penna.  12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Irvon Neckermon	14. MOTHER'S MAIDEN NAME Sereh Jane Isett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (II yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. II NO. or unknown) M1	NFORMANT Address Ave. ss Madeline O'Connell, 1309 W. Belvedere
gove rise to immediate cause (a), stating the underlying DUE TO	hip, right 24 days  Arteriosolerosis several yr
20g. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBITING   20h DESCRIBE HOW INJURY OCCURRED. (E	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO CONTINUE OF Injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Yeor Hour o. m. Mar . 31 159 While of work of work the	CE OF INJURY (Home, form. 20%. (City or town) (County) (Stole) ory, street, office bldg., etc.)  Beltimore City, Md.
21. I certify that I took charge of the remains described about opinion death resulted from: Natural causes . Accident	
ACTUAL SIGNATURE D. D. Caples	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
EXAMINER'S D. D. Caples, M. D.	ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  14-23-59
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BURIAL Apr. 26, 1959 Mt. Hebron C	(0.00)
Buriol Apr. 76, 1959 Mt. Hebron C 23. FUNERAL PRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	THE RECISION OF THE PROPERTY O

VS. A15ME 5M 2/57

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El min	Date in Epopulation (A), reput (Date on E) and Date of the state		a more than the extension of the
El min	Date in Element and a second control of the		e region de l'agre phone à 11. In 18 may l'action de different à autres
	Description Description of the control of the contr		Service Annual Control (Nitrol & 11)
	Description Description of the control of the contr		Service Annual Labor (Nings & III)  And a major called a manual reference  Annual Called a major

04046

Reg. Dist. No.

arthur S. Kraus

	PLACE OF DEATH a. COUNTY Ba	ltimore		MAR	YLAND	2. USUAL RESI	Mary		d lived. If institu b. COUNT	Υ	ce before		an}
	b. CITY OR TOWN (IF RURAL and give no Cato)		nits, write	lyr5mthl		c. CITY OR	TOWN (If o	outside corpo	prote limits, write	ds.	give neare	st town	V
	d. NAME OF HOSPITA OR INSTITUTION SPRING G	AL (If not in hospital, ROVE STAT		oddress) OSPITAL		d. STREET A		hland	Avenue				DENCE FARM? NO
	NAME OF CASE (Type or print)	emina f Minni	irst Le	Middle Ana re		Palma	st	4. DATE OF DEATH	4	L 8	Day		eor 9 59
	sex female		7. MARR	NEVER MARRI		DATE OF BIRT		prox.	9. AGE (In year lost birthday)	Months		UNDE	R 24 HRS. Min.
100	usual Occupation during most of working hou sewife	N (Give kind of warking life, even if retire	done 10b.	KIND OF BUSINESS C	OR INDUS	-		or foreign c			U. S.		
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME					
	Antho	ny Roleo	sa				Mar	су					
15. (Y•	WAS DECEASED EVER	IN U. S. ARMED FO f yes, give war or dates of	service)	SOCIAL SECURITY NO		cords:	SPRI	NG GF		ldress ATE H	OSPIT	PAT.	
NOIL	PART I. DEAT  42.1  Conditions, if an gave rise to in cause (a), stoting t lying cause last.	H WAS CAUSED BY: IMMEDIATE CAUSE (  DUE TO  y, which amediate he under-	o) o) o	Terminal  Chronic c  Arteriosc  ONTRIBUTING TO DE	bron onge	stive he	eart f	cular	disease		ONSET		DEATH
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY O	CCURRED	. (Enter noture o	f injury in P	Part I or Par	t II of item 18.)		Υ	ES 🔼	NO 🗌
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	While	Not while at work	20e. PLA foct	CE OF INJURY ( ory, street, office	Home, form, bldg., etc.	, 20f. (City	or town)	(0	County)		(Stote)
	21. I certify the alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Stella Wa	vacl		death	occurred at	630 P	M, from ADDRESS (SE	n the causes treet, city or town	HOSP	ne dote	state	decease d abave TE SIGNE -9-55
220	BURIAL, CREMATION			22c. NAME OF CEMI Holy Red		CREMATORY		22d. LOCAT	TION (City, town, timore,	or county)		(State)	)
	funeral director's harles E. 331 Brehr	.Schimune	ek Fu	ADDRESS		52 00m		RY REGIST	RAR 24b. REG	SISTRAR'S SIC			

TO HOSPITAL OR VS A15 (4) 15M 10/57

# Schimunek Funeral Home

CHARLES E. SCHIMUNEK, FUNERAL DIRECTOR

3331 BREHMS LANE BALTIMORE 13, MARYLAND

TELEPHONE - DICKENS 2-4900

You will please note, there is not available at this time, date of birth or correct age. A lawyer in New York is working on this and as soon as he can secure same for us, we will forward the information on to you to insert on the death certificate, at which time, we will order transcripts.

Thanks a lot.

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VS A15 (4) 15M 10/57

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**CERTIFICATE OF DEATH** 

()4)47 Reg. Dist. No.

	1.	o. COUNIY	sewood Sta timore	te Ti	raining School		D. STATE	CE (Where		lived. If instituti b. COUNTY		timo		on)
		b. CITY OR TOWN (In RURAL and give no	f outside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN 1	ь				rote limits, write R				)
	-	d. NAME OF HOSPIT OR INSTITUTION	s Marylan AL (If not in hospitat, g ate Trainin	ive street		- X	Park	ton, RESS	Mary	land				DENCE FARM? NO
	3. 1	NAME OF	Fir		Middle		Lost	14	. DATE	Mor	.th	D-		eor eor
		DECEASED (Type or print)		rgare			Pearson	HO	OF DEATH	4		Doy 19		9 59
	5. 5	SEX			IED NEVER MARRIED		TE OF BIRTH			9. AGE (In years	IF UNDER			
	F	Female	White	WIDOWE	D DIVORCED	1 8	/13/09		1	lost birthdoy)	Months	Doys	Hours	Min.
	100	. USUAL OCCUPATIO during most of work	N (Give kind of work of ing life, even if retired	done 10b.	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE	(Stote or	foreign co	ountry)				COUNTRY
	10				na er er en		Maryla					U.S.	A.	
		FATHER'S NAME					. MOTHER'S MA							
			Pearson (				Mary Ho:	shall	. (de					
	(Yes		If yes, give war or dates of s			7. INFOR				Add	ress			
	I	10	-			Rose	wood Re	cords						
			TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	6	e for (o). (b), and (c).]	- V	ueu	u	s.	۱ ۵		ONSI	RVAL BET	WEEN DEATH
		525 X	DUE TO			0								
		Conditions, if or												
ì		gove rise to in couse (o), stoting t				- "								
		lying couse lost.	) (c											
	CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE	ETERMINA	L DISEASE	CONDITION GIV	EN IN PAR		PERFO	RMED?
2	TIFIC	20a. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY OCCU	RRED. (E	te noture of ini	ury in Por	1 I or Port	Il of item 18.)			YES 😿	ио []
i	_	(IF EITHER, NOTIFY	CAUSE OF DEATH						'					
	MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yec	While	Not while of work	PLACE ( foctory,	OF INJURY (Hom street, office blo	e, form, lg., etc.)	20f. (City	or town)	(0	County)		(Stote)
		21. I certify the	ot I ottended the	decease	ed from 1/19/5	9	, 19, t	0	/19/	59, 19	.that I	lost sa	w the	deceased
		olive on4/	19/59	, 19	, ond that dec	oth occ	urred of	1:20a	M, from	the causes of	nd on th	he dot	e stote	d obove
		ACTUAL SIGNATURE	61 2.	Ria	link.		12.10			reet, city or town,				TE SIGNED
i		SIGNATURE	and the	11 ×	eyes	M.D.	y ape	063	7.37	<b>T</b>			4/2	0/59
		PHYSICIAN'S NAME (Type)	ster M	. R;	eckery		430	7	M	all his	lol	Qu	· 2	山山井
	220	BURIAL, CREMATION REMOVAL (Specify)	Opril 27	159	22c. NAME OF CEMETER	OR CRE	MATORY to	22	10.	ION (City, lawn, o	mul	els	(Stote	7
	23.	FUNERAL DIRECTOR'S	signature Is	ns	Rustust	our	244 DA	REC'D B	R 2 9		TRAR'S SIC			

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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## FOR STATE HEALTH DEPT.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) GRACELAND RACELAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? S. 45TH ST. 526 5.45 TH ST. YES NO X 3. NAME OF Middle DECEASED POPE APRIL (Type or print) DEATH 1959 6. COLOR OR RACE 7. MARRIED 17 NEVER MARRIED 17 8. DATE OF BIRTH 9. AGE (In years FUNDER TYPAR Months WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? MD. DRYDOCK CO. BALTIMORE, MD, U. S. A. LEADER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OSAN, FLORENCE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ill yes, give war or dates of service) SAME. NELLIE NO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWIEN CINSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which? gove rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO N 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part It of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) of work at wark 21. I certify that I taok charge of the remains described above, held on Autopsy . Inspection . Suicide . Homicide . Undetermined manner apinion death resulted fram: Natural causes . Accident . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (State) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Onthun S. Haus

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FOR STATE HEALTH DEPT or files. of Health,

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 406 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4051 Reg. Dist. No.

•		PLACE OF DEATH	2. USUAL RESIDENCE (Whore deceased lived. If institution: Residence before admission)
	0	county Baltimore MARYLAND	o. STATE A d. b. COUNTY Baltimore
	b	. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	X	Tral- Free / Ind 2. Vice	x Rainal-Freeland
	d	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	AL STREET ADDRESS
		Upper Ruhl Rd.	Toper Ruh Rd. VES NO D
	3 1		
	- [	DECEASED	Lost A. DATE Month Doy Year OF
		Type or print) W////AIM / NOMAS F.	10/T1- DEATH april 23 1959
3	5. 5		DATE OF BIRTH  9. AGE (In Mors)  IF UNDER 1YEAR IF UNDER 24 HRS.  Months Days Hours Min.
		WIDOWED DIVORCED	epr.20./// /2 yrs.
\	10o.	. USUAL OCCUPATION (Give kind of work dona 10b, KIND OF BUSINESS OR INDUSTRIPTING MORE TO BUSINESS OR INDUST	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		atchman Deaman.	Md. The A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Unknown	Unknown.
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANI Address
	[Yes.	no. of unification (If yes, give war or dates at service) 229-14-44178	F Thuittila Engeland Md
		18. CAUSE OF DEATH [Enter only one cause pec line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I DEATH WAS CALISED BY.	ONSET AND DEATH
		IMMEDIATE CAUSE (0)	earl failing 3 days
		454/ DUE TO /)	
		Conditions, if ony, which) (b)	
		gave rise to immediate cause ( (a), stating the underlying DUE TO	
		couse last. (c)	
	20	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	CERTIFICATION		PERFORMED? YES NO D
	UFIC	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (En	nter nature of injury in Port I or Port II of item 18.)
	CER	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
	AL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 120f. (City or town) (County) (State)
	MEDICAL	Hour a.m. While Not while facto	ry, street, office bldg., etc.)
	2		
		21. I certify that I took charge of the remains described above	re, held an Autopsy , Inspection F, Inquiry F, and in my
		opinion death resulted from: Natural couses . Accident	, Suicide , Homicide , Undetermined monner
		(1) 12 7	DATE SIGNED
		SIGNATURE VI. / reme	_M.D. CHIEF MEDICAL EXAMINER
ol.		PARTITION DO M TO TO TO TO	ASSISTANT MEDICAL EXAMINER
		EXAMINER'S HT MI FRANCE	DEPUTY MEDICAL EXAMINER A
	220	BURIAL CREMATION, 226 DATE THEREO 224 HAMP OF CEMETERY OR	EXEMATORY / 22d. LOCATION (City, town, or county) / (State) /
	1	Strong 4/25/59 Mt. Zinn	emplory Freeland Md
	23.	SUNERAL DIRECTOR'S SIGNATURE	239 REC'D EY REGISTRAR 246. REGISTRAR'S SIGNATURE
	/	Scott Has lountain Hour tenno	MAD FRATE APR 28'59 Ortun S. Kinus
16	54	The Minister I have a some	WITH MANE

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If ony delay is necresexecute the certificate word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral d shauld be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard as its designated again, priar to burial, cremation, or removal, and in any event within 72 hours ofter death. VS. A15ME 5M 2/57

ATAJO AO ELA OFICIALID STREMMAXE DA DICATH.

# may be retained. The haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the runnary should he detached for use as the burial-transit permit. Then please remove carbon papers: Rages 1 and 2 shauld NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of page 3 shauld be detached for use as the burial-transit permit. the registrar prior to burial, crematian, ar removol, ond in any

VS A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3930

#### **CERTIFICATE OF DEATH**

()4052 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	ALTIMAR	)=	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	/here deceased I	ived. If institutio b. COUNTY	DAIT	efore admission	
RURAL ond give n	13 1 1 1	ts, write c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporo	te limits, write RU			
DUND d NAME OF HOSPI	TAL (If not in hospital, g	ive street oddres	e)	d. STREET ADDRESS	2/6	1		e. IS RESIDE	ENCE
OR INSTITUTION	202 DE	TROIT	AVE	3 - 5 -	TROIT	AUE		ON A FA	ARM?
3. NAME OF DECEASED (Type or print)	M11441	st A M	Middle	RHUDY	4. DATE OF DEATH	APP//-	h 29	Day Yeo	-0
5. SEX	_ / / ·	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years		AR IF UNDER 2	
MALE	WHITE	WIDOWED [	DIVORCED [	AUGUST 28	1910	lost birthdoy) yrs.	Months Doy	s Hours	Min.
during most of wor	ON (Give kind of work of king life, even if retired)	done 10b. KIND	OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stote	e or foreign coul	ntry)	12.CITIZEN	OF WHAT COU	JNTRY?
13. FATHER'S NAME	1 PT 17 T			14. MOTHER'S MAIDEN	NAME				
WILLIAM	n B. R	HUDY		SUSIE	CORI	VETT			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		L SECURITY NO.	INFORMANT		Addr	ess		
NO	(ii you give war or adias or s	243-	-03-6431 M	RS. MELEN,	RHUDY	202	DETI	2015	XV
	m mediote	) (	Carcin	noma L	ung.	5		NERVAL BETW NSET AND DE 4 MM LMM	th
CATIC	AS UNDERLYING CAUSE OF DEATH			T NOT RELATED TO THE TERM  ED. (Enter noture of injury in			EN IN PART 1(o	PERFORM YES N	AED?
OR CONTRIBUTING	MEDICAL EXAMINER)								
Y 20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	While h		LACE OF INJURY (Home, for octory, street, office bldg., e		r town)	(Coun	ty)	(Stote)
21. I certify the alive an	Sand  David	deceased fr. 19 ST H- Av		15, 1959, ta 16 h accurred at 821 M.D. 33			d on the do	aw the decorate stated a DATE S	bave.
220. BURIAL, CREMATIC	ON, 226. DATE THERECO	-	NAME OF CEMETERY			ON (City, town, o		(Stote)	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		A BY REGISTRA	-	JUBARIA SPONNE	TURFA	
1111 0114	FUNERAL		0	Man	We by keons Ri		- 1	CARDIN	
V-6/6/6/	1 010 616 146	1701116	NUNDA	LIY DATE	SAV 4 IE		Thur & Th	Auch	

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in by in Juneral director, and 2 shauld be filed with

death. Poge

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0/052

OF WHAT COUNTRY?

that I last saw the deceased

(Slote)

ADDRESS (Street, city or lown, stole) / DATE SIGNED

Baltimore Maryland By REGISTRAR 246. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

DATAPR 9

	- (	广生	13	U	R
-	Dist	No			

		40	68	CERTIFICA	AIE OF DEAI	H		Reg. Di	-	(, 0 (		
n. PLACE OF DEATH o. COUNTY Baltimore MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Baltimore							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catonsville					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  **Lutherville**							
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Summit Nursing Home					611 Morris Ave.					e. IS RESIDENCE ON A FARM? YES NOW		
	NAME OF DECEASED (Type or print) Ger	rtrude H	Roc	Middle	Lost	4. DATE OF DEATH		6,1	.959		Yeor 19	
5.	Female 6. C		MARRIED [	NEVER MARRIED DIVORCED	B. DATE OF BIRTH July 13 18	373	9. AGE (In years last birthday) 85 yrs.	Months	Doys	Hours	R 24 HRS. Min.	
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE At Home					ISTRY 11. BIRTHPLACE (Stote or foreign country)  Baltimore Maryland  USA					OF WHAT COUNTR		
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	7					
_		uthers			Unknown							
	WAS DECEASED EVER IN I	J. S. ARMED FORCES	el l	-10-0832B	Ferinand	W. Ro	Addr	ess				
	1B. CAUSE OF DEATH [ PART 1. DEATH W IMM		per line for	(o), (b), and (c).]  ere bral	Vescula	r A	cciden	+		ERVAL BE		
	33/X Conditions, if ony, w			3-enerals	Zzd Ari	terros	cleros	is.				
	gove rise to immed cause (o), stating the <u>un</u> lying cause last.	DIJE TO										
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, CONDITION GIVEN IN PART II  DIESTES METHOD A MANAGEMENT OF THE PROPERTY O										PERFO	AUTOPSY RMED? NO 💢	
CERTIFI	20a. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	b. DESCRIBE	HOW INJURY DECURRE	(Enter nature of injury i	n Port I or Po	ort 11 of item 18.	Cen	+			
REDICAL	20c. TIME OF INJURY M Hour o. m.	onth, Doy, Year	While	Y OCCURRED 20e. Pl	ACE OF INJURY (Home, fo ictary, street, office bldg., e	rm, 20f. (Cil	1 1		(County)		(State)	

and that death occurred

22c. NAME OF CEMETERY OR CREMATORY

Western ADDRESS

300

requires that the death certificate be executed within 24 hours of has been signed by the attending physicion and completely filled unal-transit permit. Then please remove carbon papers. Pages 1 amoval, and in the please removed and in the please that the please is a page to the please that the please is a page to the please that the please is a page to the please that the please th

removal,

the registrar prior to buriol,

21. I certify that I attended the deceased from

/59

alive an\_

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

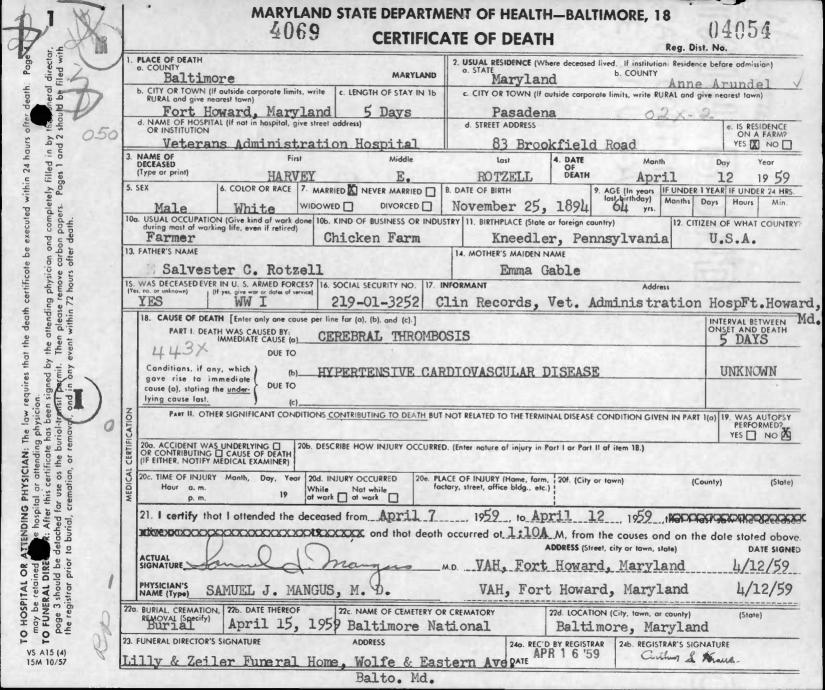
220. BURIAL, CREMATION, REMOVAL (Specify)
Burial April

os the burial-transit detoched for use page 3 should be TO FUNERAL DIR

VS A15 (4) 15M 9/55

	HTAGG TO GERTIFICATE OF DEATH						
	Property of the Control of the Contr	zalista (					
	Andrea (miles)						
A SHELL A LEGIS	112.0° 3.0° 3.0° 3.0° 3.0° 3.0° 3.0° 3.0° 3		The state of the s				
		Distance Claim					
	SAME A TEMPORAL		Principles and a				
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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moy be retained the haspital ar attending physician.

O FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the contractor, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs ofter may be retained TO FUNERAL DIREC

VS A15 (4) 15M 10/57

				Reg. Dis.	. 140.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla			e before odmission) 10e George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Caton Sville	6 c. LENGTH OF STAY IN 16 6yr3mthl3dys	c. CITY OR TOWN (If or Berwyn, N	otside corporote limits.	write RURAL and gi	ive nearest town)
d. NAME OF HOSPITAL (If not in hospitot, give street in SPRING GROVE STATE H	eet oddress)	d. STREET ADDRESS 5006 Kensaw	Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) George	Middle Re	Rousillon		Month pril 2	20 Yeor 19 59
	NARRIED NEVER MARRIED 4	8. DATE OF BIRTH March 14, 190	9. AGE (In lost both)		YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	06. KIND OF BUSINESS OR INDU		or foreign country)		ZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas Rousillon		14. MOTHER'S MAIDEN N Mary	Salumbo		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes. no. or unknown  UNKNOWN    (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. 1 570-07-4028	Records: SPF	ang grove	Address STAE H	HOSPITAL
gove rise to immediate couse (a), stating the under-lying couse last.	Decompensatory  Cor Pulmonale  Pulmon ary emphys	5ema		ON GIVEN IN PART	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED  d. INJURY OCCURRED   20e. PL	D. (Enter nature of injury in P			YES 🔼 NO 🗍
Hour o.m. Wh	hile Not while work of or work	ctory, street, office bldg., etc.			ounty) (Stote)
21. I certify that I attended the dece alive on April 20 , 19  ACTUAL SIGNATURE Stella Wachs I NAME (Type)	959, and that death	M.D. SPRING G	oril 20 , 1  M. from the cau ADDRESS (Street, city or ROVE STAT	ises and on the town, stote) E HOSPI	DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	ivet	22d. LOCATION (City)	uglon	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE/	Inc 5/7/1	THE BATEAPH		arthur & 1	

CERTIFICATE OF DEATH IT Signature of the contract of the second of t A 1 TOTAL OF THE

VS A1S (4) 1SM 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4071 CERTIFICATE OF DEATH

()4056 Reg. Dist. No.

١٦	PLACE OF DEATH				1	O LICITAL DECIDENCE		1.15 1.46 1.45			4	
Ľ	o. COUNTY	Baltimore	3	MARYL	AND	2. USUAL RESIDENCE o. STATE Mary	land	b. COUN		ce before	admissio	in)
	b. CITY OR TOWN (I	f autside corporate limi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN	(If autside cor	porote limits, writ	e RURAL ond	give neare	est town)	V
	Catonsvil	le		lOyr9mthl8	dys	Baltimo	re	3	VOI-	4-		
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)		d. STREET ADDRES	S			e.	IS RESID	
	SPRING (RO	WE STATE	HOS	SPITAL		2215	Boyer	Street			ON A F	
3.	NAME OF DECEASED (Type or print)	Eli;		Middle		Ruberry	4. DATE OF DEAT		Month pril	Day 8	Ye	59
S.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	D DA	B. DATE OF BIRTH				I YEAR II		
	female	white	WIDOW			January 10	, 1864	9. AGE (In year lost but had y	Months rs.	Days	Hours	Min.
100	during most of work	ON (Give kind of work ing life, even if retired domestic	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (S			12. CIT	ZEN OF		OUNTRY?
13.	FATHER'S NAME				1110	14. MOTHER'S MAID	EN NAME					
	Bartho	olomew Rube	rry			Ann McDo	nough					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 11	FORMANT	110 41511	A	ddress			
	inknown	(If yes, give war or dates of s		unknown	Re	ecords: SF	RING (	GROVE S	TATE H	HOSPI	TAL	37 - 197
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).]							VAL BETY	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, ,	Terminal br	conc	hopneumonia				ONSE	TAND	DEATH
	4221	DUE TO			1-1							
	Canditions, if or	ny, which ) (b	. 1	rterioscle	re ti	c cardiovas	scular	disease				
	gove rise to in cause (a), stating	mmediate (										
	lying couse lost.	(c	(	Generalized	art	eriosleros:	is					
Z	PART II. OTH			CONTRIBUTING TO DEAT				SE CONDITION	GIVEN IN PAR	T 1(o) 19.	WAS AL	JTOPSY
EA.											PERFOR	
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury	y in Port I or Po	ort II of item 18.)				Land
MEDICAL	20c. TIME OF INJUR' Hour o. m. p. m.	Y Month, Day, Yes	While	Not while	PLA foc	CE OF INJURY (Home, ary, street, affice bldg.	form, 20f. (Ci	ty or town)	(0	County)		(Stote)
	21. I certify th	at I attended the	deceas	ed from Apr	il :	19.59, to	4-8	, 19_5	5 9 that 1 1	last saw	the d	lecensed
	alive an 4	-8-59	. 195		death	occurred at [010	P. M. fee	m the couse	and on the	e dote	states	Labava
		4	/.	1.		occomed degelli		Street, city or tov		ie dole		E SIGNED
	ACTUAL SIGNATURE	tella	Wa	clisher	A	SPRIN	G GROV	E STATE	HOSP	T TAT.	),_0	2_59
							71		<i></i>	aria, artaria de d		h
L	PHYSICIAN'S NAME (Type)	Stella Wac	nsler	, M. D.		Caton	sville	28. Mary	land			
220	BURIAL CREMATION	N. 226. DATE THEREC	F	22c. NAME OF CEMET	ERY OF			ATION (City_town			(State)	
1	SEMOVAL (Specify)	Cipy 9.	1959	new Ce	The	edial Cas	100	A tere	lein	10	2/1	mil
23.	FUNERAL DIRECTOR	SIGNATURE		ADDRESS			REC'D BY REGI	STRAR 24b. RE	GISTRAR'S SIC	NATURE		77
1	V. 641/4	300 180	n E	Lowland	1.	14 DATE	APR 1 4 3	59 0	william &	H		

and Displacement . Dankers The second second second second er death. Page 4

Any be reported.

The property of the haspital or attending physician.

FUNERAL DIR.

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PROPERAL D ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours oft TO HOSPITAL OR TO FUNERAL DIR

VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4072

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	PLACE OF DEATH O. COUNTY RALT	IMORE		MARY	LAND	2. USUAL RESI	MARYI		lived. If institution b. COUNTY	on: Residence	before od	mission)
	b. CITY OR TOWN (IF RURAL and give ne FORT HOWA)		ts, write	c. LENGTH OF STAY	IN 1b	-	TOWN (IF o	utside corpoi	rote limits, write R	URAL ond gi	ve nearest l	own)
	d. NAME OF HOSPITA	AL (If not in hospitol, g		oddress)		d. STREET	DDRESS	NUT A	VENIE		01	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	Fir	st	Middle		Los	st	4. DATE OF	Mon		Doy	Yeor
5.	SEX	GEO	1	E RIED <b>IN</b> NEVER MARRI	ED 🖂	SCHERT		DEATH	APRI  9. AGE (In years		YEAR IF U	19 <b>59</b> NDER 24 HRS.
L	MALE	WHITE	WIDOW	ED DIVORCE	0 🗆	JANUARY		.909	50 yrs.	Months [	Days Hou	irs Min.
	DESCRIPTION OF THE PRICKLAYER  FATHER'S NAME	N (Give kind of work ing life, even if retired		KIND OF BUSINESS OF	OR INDU	BALT	IMORE,	MARY			.S.A.	IAT COUNTRY
13.	HARRY SC	HERTLE				14. MOTHER'S	WAGNE					
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. 1	NFORMANT	7128 0112	-26	Add	ress		
	YES	yes, give war ar dates of s	ervice)	Unknown	CI	LIN REC	VET A	DM HO	SP FORT	HOWAR	D MAR	YLAND
CERTIFICATION	PART I. DEAT  330 X  Conditions, if on gove rise to in couse (o), stoling t lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Ty, which (b) mediate he under- (c)	SUE	ne for (o), (b), ond (c).  RARACHNOID  CONTRIBUTING TO DE	HEMO		O THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. W.	AS AUTOPSY FORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature a	f injury in P	ort I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. It While of wor	NJURY OCCURRED  Not while  t of work	20e. PL fo	ACE OF INJURY ( ctory, street, office	Home, form, bldg., etc.	20f. (City	or town)	(Co	runty)	(Stote)
		hu W.	Gr	ed from April		occurred at		PM, fram	reet, city or town,	nd an the		pated above DATE SIGNED
220	BURIAL, CREMATION REMOVAL (Specify)	Apr. 10	F . 195	22c. NAME OF CEM		R CREMATORY National		_	ION (City, town, o	or county)	end (S	tote)
	funeral director's Walter Bro	SIGNATURE	y 70	ADDRESS OWILLOW Spi			AL	BY REGISTI	RAR 24b. REGIS	STRAR'S SIGN		

	HTASC 40 STA	PURE TO STATE OF	
	Living and the property of		
	deal ren	Sauther San	
	STATE OF STREET	Committee of the Control of the Cont	
		S.44 6 44	
		LL BLATTER END	
	QUEL DE SANGE		
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death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be

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may be retained TO FUNERAL DIREC

VS A15 (4) 15M 10/57

page 3 shauld be detached for use as the burial-transit permit.

the registrar priar to burial, cremation, ar remaval,

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4073 **CERTIFICATE OF DEATH**  04058

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Baltimore		MARY	<b>LAND</b>	o. STATE	DENCE (W		b. COUNTY		e before adn	nission)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY	1N 1b				prote limits, write F	RURAL ond g	ive nearest to	own)
Fort How			81 Days	s		Baltin		4	3 V 0	1-4	
	AL (If not in hospital, g	ive street			d. STREET		102 0			e. IS I	RESIDENCE
Veterans	Administra	tion	Hospital			L029 I	DeSoto	Road			A FARM?
3. NAME OF DECEASED	Fir	st	Middle		1.0	st	4. DATE OF	Mor	nth	Day	Yeor
(Type or print)	PAUI		J		SCHMITT		DEATH	April		14	19 59
5. SEX	6. COLOR OR RACE	7. MARE	RIED A NEVER MARRI	ED 🔲	B. DATE OF BIRT	ГН		9. AGE (In years		YEAR IF UN	
Male	White	WIDOW	ED DIVORCE	DO	April	24, 1	1901	lost birthday) 57 yrs.	Months	Doys Hou	rs Min.
10a. USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	lane 10b.	KIND OF BUSINESS C	R INDU	TRY 11. BIRTHP	LACE (Stote	or fareign o		12. CITI	ZEN OF WH	AT COUNTRY?
Sales		M	en's Furnia	shin	gs New	York				U.S.A	
13. FATHER'S NAME					14. MOTHER"	S MAIDEN	NAME				
Phil So	chmitt				Mari	ie Sch	mitz				
15. WAS DECEASED EVE	IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. 1	NFORMANT			Add	ress	-	
Yes	If yes, give war or dates of se		12-09-9124	C	lin.Reco	ords,V	Tetera	ns Adm. H	Hospit	al Ft	Howard
	he under-	CA	RCTNOMA OF		STOMACI	-				ONSET AN	BETWEEN ND DEATH
PART II. OTH	ER SIGNIFICANT CON	OITIONS C							VEN IN PART	PER	S AUTOPSY FORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRE	). (Enter noture o	of injury in	Port I or Par	t II of item 1B.)			
20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yeo	While	NJURY OCCURRED Not while of work		ICE OF INJURY ( fory, street, affic			or town)	(Co	ounty)	(Stote)
	atX attended the	eg	COCC, and that	death	accurred at	9:104 H FT H	ADDRESS (S	n the causes of treet, city or town,	and an the	e date sta	
220. BURIAL, CREMATION		,	22c. NAME OF CEME	ETERY OF		H-Hie	Howar				
REMOVAL (Specify)	h /= 0 /=							TION (City, town, o		(S)	ote)
Burial 23. FUNERAL DIRECTOR'S	4/18/5	9	Western	ueme	tery			Baltimore		yland	
	Subbard 410	7 1/3		Bal	to Ma		PR 1 6	1/7 0	strar's sigi		

B LEROUPH MAE - NT MASH NO THEM THAT STATE COMPLETE AND TO SE CONTIDON TO DEATH this is a second of the property of the second of the seco the problem of the boundary of the boundary of the contract of wife the control of the base

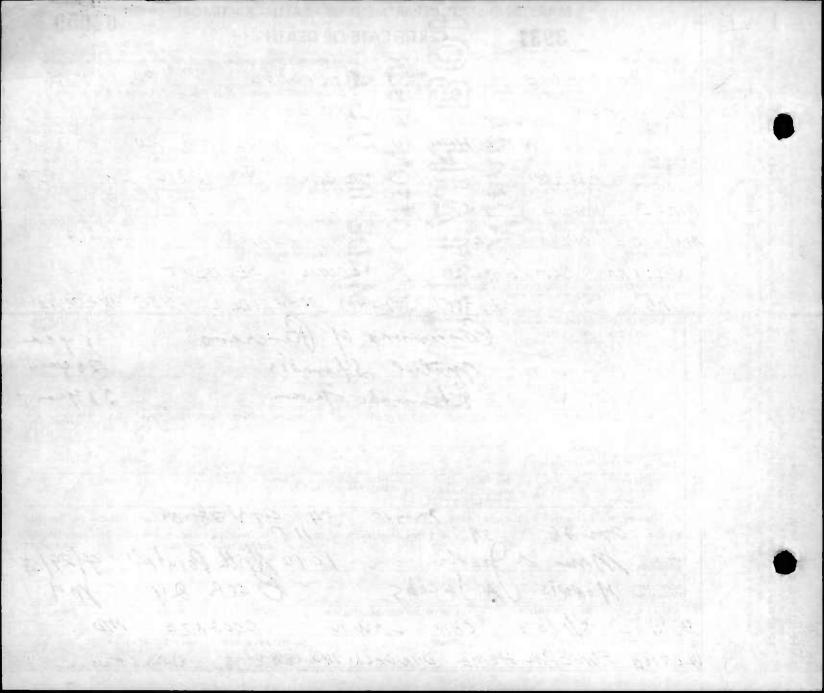
# may be retaine the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camperety filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave corbon popers. Pages 1 and 2 should be filed with death. Poge TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Fers. Po the registror prior ta burial, cremation, ar removal, and in any event within 72 hours after death TO HOSPITAL O

VS A15 (4) 1SM 9/SB

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04059

0391	CERTIFICA	AIE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH			ed lived. If institution: Residence before admission)
O. COUNTY BALTIMORE	MARYLAND	MARY LIND	b. COUNTY BALTIMORE
b. CITY OR TOWN (If outside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp.	orate limits, write RURAL and give nearest town)
RURAL and give neorest town)		DUNDAUK 5	~3-
d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	eet oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1950 W/TI	REMAM RD	1950 WARE	HAM RD YES NO.
3. NAME OF First	Middle	Lost 4. DATE	Manth Day Year
(Type or print) ADAM	.SC	HEETBER DEATH	ADRIL 28 1959
5. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min
MALE WITTE WIDE	OWED DIVORCED	APRIL 19.1886	dist birthday)   Months   Doys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	0b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign of	country) 12. CITIZEN OF WHAT COUNTRY
MACHINE OPERATOR	BOX	MARYZANI	OJA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
WILLIAM SCHRE	IBER	LOUISE SE	BERT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)   {   {   if yes, give war or dates of service} \)	16. SOCIAL SECURITY NO.	NFORMANT	Address
170	216-10-7675 E	LROY SCHIZEITSE	R 1950 WARENAM
18. CAUSE OF DEATH [Enter only one cause pe	er line (a), (b), and (c).]	. (1)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carenon	a of Hancre	TO I TEA
157X DUE TO		ale -	
Conditions, if ony, which (b)	miliel	Sterosis	20 years
gove rise to immediate cause (a), stating the under-	01	: 7	
lying couse last. (c)	Theumay	he Jeven	2) year
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
\[ \]			YES NO
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Po	rt II of item 18.)
		ACE OF INJURY (Home, form, 20f. (Cit ctary, street, affice bldg., etc.)	y ar town) (County) (State
Haur o. m. VI p. m. 19 of	hile Nat while work ot work	cially, sireer, direct blugs, etc.)	
21. I certify that I attended the dec	eased from 2041	1954 to an	25, 1959, that I last saw the decease
alive an on 28		11:0	the causes and an the date stated above
2			Street, city or town, stote) DATE SIGNE
SIGNATURE Miss C.	perh	MD 1010 NOW	to Point Pd 4/29/5
/	1. (	12	
PHYSICIAN'S MORRIS	A. J40005	0 4	10 24 mg
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCA	TION (City, town, or county) (State)
130 PU 11 4 5/1/59	BAR LA	+WIL CO.	LGATE MD
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIS	TRAR 24b. REGISTRAR'S SIGNATURE
111 1 D.C. FIIN, FD111 1	tom. Due Di	CA MA DAMAY 1 15	9 Onthun & House



#### 04060 **基期7**五 CERTIFICATE OF DEATH Reg. Dist. No. with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY D. COUNTY filed MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h pe c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) shauld TIMORE d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDENCE d. STREET ADDRESS ON A FARM? ME YES NO puo 2 NAME OF First Middle Lost 4. DATE Month Yeor filled DECEASED (Type or print) CHUBER DEATH 1950 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years ost birthdoy) Months Hours WIDOWED TO DIVORCED [ papers. yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TORNE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN' Address CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Conditions, if ony, which (b) been signed gove rise to immediate burial-tropin per **DUE TO** cosse (o), stoting the underlying couse lost. ending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. CATION WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while 19 of work of work 7that I last saw the deceased 21. I certify that I attended the deceased from ached alive on that death occurred M, from the causes and on the date stated above. ACTUAL pe DIRE P P shaul PHYSICIAN'S FUNERA poge 3 sh 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) STERN 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 3

death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

31.00 OF THE PARTY 

death. Page 4

requires that the death certificate be executed within 24 hours

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04061

	4075	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	o. STATE Maryl		В
b. CITY OR TOWN (If a	outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (H ou	tside carporate limits, write RU	RAL and give nearest town)
" /	tonsville		Balti	more	3 VOI-4. V
d. NAME OF HOSPITAL	L (If not in haspital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	ouse in the	Pines	10 Tamwo	rth Road	YES NO DE
3. NAME OF DECEASED (Type or print) Mr.	s. (harlott	Le H. Sc	Lost	4. DATE Month OF DEATH	Day Year 1 - 1959
5. SEX temale	white WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH May 29, 188	last birthday)	Manths Days Haurs Min.
108. USUAL OCCUPATION during most of working	g life, even if retired)	KIND OF BUSINESS OR INDU	STRY M. BIRTHPLACE (SION OF Baltimor	4. 4 4	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	0		14. MOTHER'S MAIDEN NA		
?	A	dler	Denah Dir	schner	
1S. WAS DECEASED EVER (Yes, no. or unknown) (If	IN U. S. ARMED FORCES? 16. yes, give war or dates of service)		Nr. Walter S	cott 3501 (	Carsdale Road
PART 1. DEATH	H (Enter only one couse per li H WAS CAUSED BY: MMEDIATE CAUSE (a)	ne for (a), (b), and (c).]	lein Selen	oùs	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any		exected ht	tacky of	ppoplexy	
cause (a), stating the lying cause last.		apperfice	olou		
САТІС	R SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	art I ar Part II af item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	While	I for	ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.)		(Caunty) (State)
01 1		11 In allin	en 1061.	2 4 1/2/1059	C'e

and that death accurred at LL

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify)

DWLOL

4/4/59

emetery

22d. LOCATION (City, tawn, ar county) Baltimore,

(State) Maryland

22c. NAME OF CEMETERY OR CREMATORY
Druid Ridge (emi 23. FUNERAL DIRECTOR'S SIGNATURE 5305 Harford Rd.

24a. REC'D BY REGISTRAR APR 6 '59

24b. REGISTRAR'S SIGNATURE

M, fram the causes and an the date stated above.

DATE

Orthun S. Heraux

the registrar prior to burial, crematian,

art had get			
	THE PARTY OF THE P		SAON NAME OF THE PROPERTY OF
	SANIHÉ, SANCE		
	A Turnottin Food		
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	Lignar Missionet	The state of the s	
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			Office State
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e, vietueland			10/11/20 10/
	Cenedate Access		A continuose concide L. C. Cuca, Sancia, Sancia, Cara

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death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4076

#### **CERTIFICATE OF DEATH**

04062

					Reg. D	ist. No.
1. PLACE OF DEATH o. COUNTY BA	LTIMORE	MARYLAND	2. USUAL RESIDENCE o. STATE MARYI	(Where deceased live	ed. If institution: Reside b. COUNTY	ence before admission)
FORT HOWARI	D	5 DAYS	c. CITY OR TOWN		limits, write RURAL ond	give nearest town)
OK INSTITUTION	OMINISTRATIO		d. STREET ADDRES	S WEST LAFA	YETTE STREE	e. IS RESIDENCE ON A FARM? YES NO N
3. NAME OF DECEASED (Type or print)	First ARTHUR	Middle <b>F</b>	DEDGWICK	4. DATE OF DEATH	Month APRIL	Doy Year 26 19 59
5. SEX MALE		MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH  JANUARY 1	1891 6	GE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.  Days Hours Min.
10a. USUAL OCCUPATION during most of worki BOOT BLACT  13. FATHER'S NAME	ng life, even it reffred)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	tote or foreign countr	y) 12. CI	TIZEN OF WHAT COUNTR
CHARLES SI	EDGWICK		ELLA BLA			
1S. WAS DECEASED EVER 1Yes, no. or unknown) YES	IN U. S. ARMED FORCES yes, give war or dates of service WW-1	1)	NFORMANT CLIN REC VI	ET ADM HOS	Address P FT HOWAR	D MARYLAND
Conditions, if any gove rise to im cause (o), stoling the lying couse lost.	mediate DUE TO	LEFT FEMORAL AF		ERMINAL DISEASE CO	NDITION GIVEN IN PAI	ONSET AND DEATH UNKNOWN
ARTERIOS COMPANIES OR CONTRIBUTING I	CAUSE UNKNOWN TO THE PROJECT OF DEATH REDICAL EXAMINER)	HYPERTENSIVE CAP	DIOVASCULAR D. (Enter noture of injury		が中代が市でで	PERFORMED? YES NO
20c. TIME OF INJURY Haur a. m. p. m.		20d. INJURY OCCURRED 20e. PL While Nat while fa at work at wark	ACE OF INJURY (Home, ctory, street, office bldg.,	farm, 20f. (City or h	own) (	County) (State)
		ceased from April 21  180000000000000000000000000000000000	accurred at 9:14	ADDRESS (Street,	, 159tMatXC e causes and an table of town, state) d, Maryland	he date stated abav DATE SIGNE L1/26/59
	EPHEN TOMS,				l, Maryland	4/26/59
220. BURIAL, CREMATION REMOVAL (Specify) Burial	4-30-5	9 Baltimore Na		22d. LOCATION Balt	(City, town, or county) imore, Md.	(State)
23. FUNERAL DIRECTOR'S		ADDRESS	24o. R DATE	EC'D BY REGISTRAR	24b. REGISTRAR'S SH	

TO FUNERAL DIRECA: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shither registrar prior to burial, cremation, or removal, and in any event within 72 hours after debiting. TO HOSPITAL OR VS A15 (4) 15M 10/57

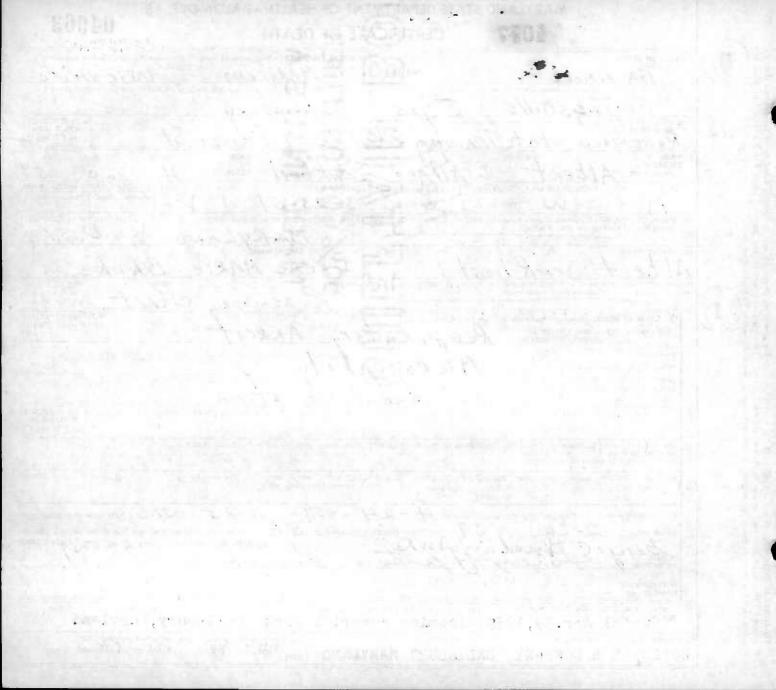
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	District Williams		
VIII de la beneration de la comme			

death

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requires

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



### FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certies, writing the word "pending" in pend in them 18. Give Pages 1, 2, and 3 to the funeral of part 2 should be failed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for Jurifles.

TO FUNERAL DIRECTOR; Page 3 should be used as a burial-transit permit. File pages 1 pand 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, ar remaral, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04064

Reg. Dist. No.

		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
,	0	COUNTY Balton	MARYLAND	o. STATE b. COUNTY BACKET						
1	b	CIDY OR TOWN (If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	X C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Н		and give recognisms	5 M1.	Caternary lle 29						
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospi	ital, give street address)	/ d. STREET ADDRESS e. IS RESIDENCE						
	5	305 Old Frede	rich Rd	5305 Old Frederick YES NO TO						
		NAME OF DECEASED Type or print HARLES ES	Iw. 5H1	PLEY A. DATE Month 29 Doy Year 1959						
	5. S	EX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED ( B.	DATE OF BIRTH 9. AGE (In years I FUNDER LYEAR IF LINDER 24 HRS.						
	1	nale W WIDOWED	DIVORCED [	8/28/93 Con Months Days Hours Min.						
	10c.	. USUAL OCCUPATION (Give kind of work done 10b. Kituring most of working life, even if retired)	es Washes	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. S - A - C						
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
		EGASPES & Sef	bler	Elsen						
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16/50	OCIAL SECURITY NO. 17. IN	FORMANT Address						
		(If yes, give wor or dotes of service)		Given Hambers (Ninter)						
	1	18. CAUSE OF DEATH [Enter only one couse per line fo	or (o), (b), and (c)	INTERVAL BETWEEN						
		PART I. DEATH WAS CAUSED BY:	(100	To Carles Lailing ONSET AND DRATH						
		IMMEDIATE CAUSE (o)								
	Continue is an exist.									
	Canditions, if ony, which gove rise to immediate couse (b)									
		(a), stating the underlying DUE TO		asease						
	7		STRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY						
)	ATIO	TAKI II. OTTEK SIONIJICAN CONSTITUTO	VINICOTINO TO DEATH BOTTO	YES NO DE						
	CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED. (E	iter nature of injury in Port 1 or Part II of item 18.)						
		20c. TIME OF INJURY Month, Doy, Year 20d. IN	JURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 120f. (City or town) (County) (State)						
	MEDICAL	Hour o.m. While	Not while facto	ry, street, office bldg., etc.)						
		21. I certify that I took charge of the re	emoins described obov	e, held on Autopsy . Inspection . Inquiry ond in my						
9		opinion death resulted from: Notural co	ouses A. Accident	7. Suicide 7. Homicide 7. Undetermined manner						
		01 1	11. 11							
Н		ACTUAL SIGNATURE LES TONAS	iefser	M.D. CHIEF MEDICAL EXAMINER						
		0 . 0	11.16	ASSISMANT MEDICAL EXAMINER						
_		EXAMINER'S GEO, S.M.	RIEFFER	MEPULY MEDICAL EXAMINER 1						
	220	BURIAL CREMATION. 226. DATE THEREOF	TZC. NAME OF CEMETERY OR	CREMATORY 22d JOCATION (City, town, or county) (State)						
1	12	Min 5/2/59	M. G. Ch	with Justorsville mid.						
-	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE						
	/	7/10 7/20h + 0/0	m 28	DATE MAY 4 '59 arthur S. Thous						

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	er com main di	er er fin hand betalt til at gregoria og men i na	
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and excellent of set			

VS A1S (4) 15M 9/55 M

04065

4079 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY BALTIMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  COCKEYSUILLE  11YR5-YMO.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  SYKESUILLE (2002)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MASONIC HOME	d. STREET ADDRESS  OGX - 2  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) GRACE FROST	SHIPLEY 4. DATE Month Day Year OF DEATH APRIL 13 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED MIDOWED DIVORCED	B. DATE OF BIRTH  JULY 4, 1878  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWORK.	USTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U. S
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ALBERT E. SHIPLEY	MARY FROST
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (If yes, give wor or dates of service) NONE	Travel L. Smith J Cockeyville, V.
Conditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO TED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Not while of work of work of work	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.) (County) (State)
	th occurred at 6:22 P.M., from the causes and an the date stated abave.  ADDRESS (Street, city or town, stole)  M.D. Cucheypulle, MA 4/13/59
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
BURIAL (Specify) 4-16-59 Mountain Vic	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Wm. Cook, Inc., 1217 St. Paul Street	DATE APR 1 5 53 Orling & France

TE OF DEATH	CERTIFICA	.eso.	
Land and Parkers Time !		THE PARTY AND	
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			30,4300
	Compared to the		
	Total Cartes		
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		Telephone	and the
			- 0 9-10 0 711.78
			- Diarrich
	En directe		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 1	TO FUNERAL DISCORDANCE And A secretificate has been signed by the ottending physician and completely filled in by the control director.  TO FUNERAL DISCORDANCE After this certificate has been signed by the ottending physician and completely filled in by the control director.	11
9		1
Page	irector	
eath.	may be retained to applie or alreading physician.  O FUNE RA DIRECTA: After this carrificate has been signed by the ottending physician and campletely filled in by the present director. Shall be FIDAL with the control of the contro	M
offer d	the	
aurs o	in by f	
n 24 h	filled i	
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ecuted	comp	ath.
be e	orbon	the registrar prior to buriol, cremotion, or removol, and in any event within 22-hours after death.
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VS A1S (4) 1SM 10/S7

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4080

**CERTIFICATE OF DEATH** 

04066

			Keg.	DIST. NO.					
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution: Resident b. COUNTY						
Baltimore		Md.	Bal	timore					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RURAL on	d give nearest town)					
Pikesville	23 yrs.	X Pikesvil	le 8, Md.						
<ul> <li>NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION</li> </ul>	)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
		207 Sudbr	ook Lane	YES NO					
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Yeor					
	Ella	Shipley	OF DEATH April	9. 1959					
5. SEX 6. COLOR OR RACE 7. MARRIED X	NEVER MARRIED	8. DATE OF BIRTH		ER TYEAR IF UNDER 24 HRS.					
Female White WIDOWED	DIVORCED [	July 16. 19	100 lost birthday) Month	Doys Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)   12. (	ITIZEN OF WHAT COUNTRY					
	wn home	West Vi	rginia	U.S.A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN I							
Rev. Caleb M. Yost		Ella Han	na						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17. I	NFORMANT	Addreis 1	esville8.Ma					
[Yes, no, or unknown] (If yes, give war or dates of service)	Mr	. E. Glen S	hipley, 207 Sudt	rook Lane					
18. CAUSE OF DEATH [Enter only one couse per line for (				INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY:		ntin Ca	of Lunes	ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  Metastatic Cq. of Lungs  JANUARY  DUE TO									
Conditions, if ony, which gove rise to immediate (b)	Canc	er or	Right Breast	1/1					
couse (o), stoting the <u>under-</u> lying couse lost,									
, (0)	DUTANC TO DEATH BUT	NOT BELLIED TO THE TERM	NAME OF THE PROPERTY OF THE PR						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI  20a. ACCIDENT WAS UNDERLYING  CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)	BUTING TO DEATH BUT	NOT KELATED TO THE TEKM	INAL DISEASE CONDITION GIVEN IN P.	PERFORMED? YES NO TO					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY While Not work 0		ACE OF INJURY (Hame, form	, 20f. (City or town)	(County) (State)					
Hour o. m. p. m. 19 While of work 0	ot while too	clory, street, office bldg., etc	.)						
21. I certify that I attended the deceased fro	7200.0	M, 1958, 10 1	2001 00059						
			,	I last saw the decease					
dive on 21 Pt	_, and that death		ADDRESS (Street, city or town, state)	the date stated above					
SIGNATURE CAMOS G. TAUL	w Son	м.о. 133	Reisterston	nRd 4/10/5					
PHYSICIAN'S James A.Mill	er. M.D.	Pi)	Kesville-Brua						
REMOVAY (Specify)	NAME OF CEMETERY O		22d. LOCATION (City, town, or county	) (State)					
	DDRESS		D BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE					
Frank Of You dollar	1. Ben: 1/1		1 3 '59 Criling &						

TALEYLAND STATE DEPARTMENT OF HEAD HERATIMORE, 18

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VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4081

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYL	AND	2. USUAL RESIDENCE (W. o. STATE Mary		ed lived. If institut b. COUNT		e before admis	sion)
b. CITY OR TOWN ( RURAL and give a Caton SV)	If outside corporate limit egrest town)	s, write	c. LENGTH OF STAY II  2mthlOdys	1	Baltimore			RURAL and gi	ve nearest tow	n) /
OR INSTITUTION	TAL (If not in hospitol, g		SPITAL		d. street Address	t Stre	eet		ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin Agne		Middle		Lost Sipes	4. DATE OF DEATH		pril	Doy 21	Year 19 59
5. SEX female			DIVORCED		July 29, 18	70	9. AGE (In years last birthday) 00 yrs	Months 1	YEAR IF UND Days Hours	
10a. USUAL OCCUPATI during most of wor	ON (Give kind of work of king life, even if retired)	done 10b. Ki	IND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote Mary las		country)		S. A.	COUNTRY
	m Sipes					name nown		FOGL	56	
	ER IN U. S. ARMED FOR: (If yes, give wor or dates of se	ervice)	ocial security no. oknown		cords: SPRI	NG GI		ATE HO	SPITAL	
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the under-	Gen	eralized a	rte	cardiovascul				year	ν <u> </u>
CATIC	AS UNDERLYING []				NOT RELATED TO THE TERM  O. (Enter nature of injury in			IVEN IN PAKI	PERFO	ORMED?
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUI Hour o. m. p. m.	G CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Yea	While	URY OCCURRED  Not white of work		CE OF INJURY (Home, forr tory, street, office bldg., etc		ty or town)	(Co	ounty)	(State)
21. I certify that I attended the deceased fram April 20, 19 59, to April 21, 19 59 that I last so alive an April 21, 195919, and that death accurred at ADDRESS (Street, city or town, stote)  ACTUAL Bruno Radauskas, M. D. SPRING GROVE STATE HOSPITAL  PHYSICIAN'S Bruno Radauskas, M. D. Catonsville 28, Maryland 4/										
220. BURIAL, CREMATIC REMOVAL (Specify 23_FUNERAL DIRECTOR	7/23/	59	ADDRESS	110	CICE	22d. 10C	ATION (City, town,	Lowy	500	ref.

HEATE OF BLATH The state of the second of the second A Committee Committee Course of the Course

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 4082 Reg. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed o. STATE b. COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write Pe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate Jimits, write RURAL and give nearest town) RURAL and give nearest town) . P d\_NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 3. NAME OF Middle DATE Month DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost lighthou) IF UNDER I YEAR IF UNDER 24 HRS Months WIDOWED FT DIVORCED [ yes. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Cam 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 72600 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year foctory, street, office bldg., etc.) Hour a. m. While Not while p. m. of work of work 21. I certify that I attended the deceased from ,that I last saw the deceased alive an and that death occurred at T. T.M. from the causes and an the date stated above. ADDRESS (Street ACTUAL Pe shauld PHYSICIAN'S NAME (Type) 276. BURIAL, CREMATION, 226. DATE THERPOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, of county) page 0 23. AUNERAL DIRECTOR'S SIGNATURE

VS A15 (4)

15M 10/57

e. IS RESIDENCE ON A FARM?

Day

Doys

(County)

24b. REGISTRAR'S SIGNATURE

-24g. REC'D BY REGISTRAR

DATE

YES NO 17

Year

19

Min.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stole)

(Stote)

and the party of the last	HTARO TO STADBURED SEOR

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04069

F DEATH	Reg. Dist. No.						
RESIDENCE (Where deceased lived.	If institution: Residence before admission)						

3039 CE	RTIFICATE OF DEATH	() 4069 Reg. Dist. No.
PLACE OF DEATH o. COUNTY Baltimore	MARYLAND 2. USUAL RESIDENCE (Where deceased live of STATE Maryland	ed. If institution: Residence before admissi b. COUNTYBALTIMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Dundalk	c. CITY OR TOWN (If outside corporate 53 Dundalk 22	limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 214 Cleveland Avenue	d. STREET ADDRESS / 214 Clevelan	o. 15 RESI
NAME OF First A	Middle Lost 4. DAYE	Month Day Y

24144211																
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 214 Cleveland Avenue						d. STREET ADDRESS / 214 Cleveland Avenue						o. 15 RESIDENCE ON A FARM? YES NO				
3. NAMI DECE/ (Type		PE.	ARL	, 1	Midd LEE	le		SOWA		4. DATE OF DEAT		Mor	pril	. 8t		159
5. SEX	male	6. COLOR OR RACE white	1	ARRIED []	NEVER MARI			re of BIR	2,18	81	9. AGE	(In years birthday) yrs.	IF UNDE Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
durie	AL OCCUPATION MORE OUSEWI	ON (Give kind of work king life, even if refired	done 1	Ob. KIND O	F BUSINESS	OR INDU	STRY		t V1:				12. CI	USA		T COUNTRY
13. FATH	ER'S NAME						14.	MOTHER'	S MAIDEN	NAME						
	Unk	nown							Unk	nown						
15. WAS		R IN U. S. ARMED FOR		16. SOCIAL	SECURITY N	0. 17. 1	NFOR!	MANT				Add	ress			
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ga- cau lyin	nditions, if ar ve rise to in se (o), stoting to ag couse last.	mmediate but to	)	areli	10-1	las	Cu	Jar		lcc	Je.	ut.	,		Belg	DEATH
CERTIFICATION OU CILE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIVIS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \sigma \) NO \( \sigma \)															
OR OR O	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW NJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)															
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m. 19 Of wark of wark of wark 19									(State)							
aliv	re on _8_	at I attended the		000	, and the	ot death	occi	urred at		ADDRESS	om the (Street, ci	causes o	and on		ite stat	deceased ed above ATE SIGNED

W. Herbert Morrison, M. D.

Baltimore 22, Maryland

220. BURIAL, CREMATION, 226. DATE THEREOF BURIAL (Specify) 4/11/59	22c. NAME OF CEMETERY OR CREMATORY Belair Memorial Garde		City, town, or county) Air, Maryland	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Prad	Dundalk 22, Md Date AV	D BY REGISTRAR PR 1 4 '59	24b. REGISTRAR'S SIGNATURE	

may be retained the haspital or attending physician.

TO FUNERAL DIR OR: After this certificate has been signed as should be detached for use as the burial-transit TO HOSPITAL OR VS A15 (4) 15M 9/55

OR: After this certificate has been signed by the attending physician and campletely filled in by "uneral director, etached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with a burial, cremation, ar remayal, and many event within 72 hours after death.

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the registrar priar to burial, cremation, ar remaval, and

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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ARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE, 18	

4083

#### **CERTIFICATE OF DEATH**

()407() Reg. Dist. No.

h-		
1	d. COUNTY Paltinore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RUM) and give negrest town)	c. CIT OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give speet address) OMNSTITUTION HOUSE UN LEVES	d. STREET ADDRESS  3520 Woodwoor Road  o. IS RESIDENCE ON A FARM? YES NO W
3	NAME OF DECEASED (Type or print)	PERBER 4. DATE Manth Day Year OF DEATH 4- 23-1959
50	Male 6. COLOPYOR PACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 H/s).  Wonths Days Haurs Min.
1	Oa. USUAL OCCUPATION (Give kind of work done of the property o	STRY 11. BIRTHPLACE (State ar fareign country)  12. CITIZEN OF WHAT COUNTRY?  WSA
1	Harry Sherber	14. MOTHER'S, MAIDEN NAME
1-1	S. WAS DECEASED VER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	Hat Selverstein - fame
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  OUE TO  Conditions, if ony, which gove rise to immediate cause (o), stoting the under.  DUE TO	F LUNG INTERVAL BETWEEN ONSET AND DEATH
140140	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
1020	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
14010010	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while at wark at wark	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that I attended the deceased from 2-10 alive on 4-21, 1959, and that death SIGNATURE B STANLEY COHEN	ADDRESS (Street, city or town, stote)
2	29. PURIAL, CREMATION, 226. DATE THEREOF 23 NAME OF CENETERY OF LANDING THE THEREOF THE SUMMAYOR CONTRACTOR OF CENETERY OF LANDING THE SUMMAYOR CONTRACTOR OF CENETERY OF CONTRACTOR OF CENETERY OF CONTRACTOR OF CENETERY OF CONTRACTOR OF CENETERY OF CONTRACTOR OF CONTRACTOR OF CONTRACTOR OF CENETERY OF CONTRACTOR OF	· Making Rose I action II L
2	TENERAL DIRECTOR'S SIGNATURE 2100 ELLAW Plan	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE APR 2 4 '59  Oother & March 19 Coother & March 19 Coother 19 Cooth

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04071

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	700	4. CERTIFIC	TAIL OF DEATH	1	Reg. Dist.	No.
PLACE OF DEATH     O. COUNTY	Baltimore	MARYLAND	II O SIAIFRES	here deceased lived. If institut b. COUNT		before admission) imore
b. CITY OR TOWN RURAL ond give	I (If outside corporate limits, wri negrest town) TOWSON	e c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF o	outside corporate limits, write	RURAL ond give	nearest lown)
d. NAME OF HOSE	PITAL (If not in hospital, give str Serian Home of	eet oddress) Maryland	d. STREET ADDRESS		213	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ELEANOR	ALVER TA	S TANDIFORD	4. DATE MO OF DEATH APRI		Day Yeor
5. SEX female	white wind	ARRIED NEVER MARRIED DIVORCED	Sept. 2, 1870	9. AGE (In years lost buthdoy) yrs	Months Do	EAR IF UNDER 24 HR ys Hours Min.
10a. USUAL OCCUPAT	TION (Give kind of work done I orking life, even if retired)	ob. KIND OF BUSINESS OR INI school teacher	DUSTRY 11. BIRTHPLACE (Stote Glen Arm		I2. CITIZE	N OF WHAT COUNT
13. FATHER'S NAME Richard	d C. Francis		14. MOTHER'S MAIDEN N			
15. WAS DECEASED EN (Yes, no. or unknown)	VER IN U. S. ARMED FORCES? (It yes, give war or dates of service)		. Informant ecords-Prrsbyte		Md. Tos	won, Md.
	EATH [Enter only one couse per EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	61	OEE 2453.	ل د		INTERVAL BETWEEN ONSET AND DEATH MINISTER
Conditions, if gove rise to couse (o), stotin lying couse lost	immediate (b)  g the <u>under-</u>	ARTERIOSCL	LROTIC CAR	010-V.75046A1	R Drs	YEARS
2		ns <u>contributing to death</u> b	UT NOT RELATED TO THE TERMI	nal disease condition gi	VEN IN PART 1(	PERFORMED?
	WAS UNDERLYING (1) 20b. I NG (1) CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in I	Port I or Port II of item 18.)		
20c. TIME OF INJU	n. Ne WI	d. INJURY OCCURRED 20e. nile Not while work of work	PLACE OF INJURY (Home, farm factory, street, office bldg., etc.	20f. (City or town)	(Cou	nty) (Stote
21. I certify		eased from 10 N 1				
ACTUAL SIGNATURE	Menable	2		ADDRESS (Street, city or town, ork Road		2/20/59
PHYSICIAN'S NAME (Type)	S.J. Venable. Jr	. M.D.	Baltim	ore 12. Maryla	and	
220. BURIAL, CREMATI BUREMOVAL (Specif	April 23,195	20c. NAME OF CEMETERY Waugh Chape	OR CREMATORY	22d. LOCATION (City, lown, Glen Arm,	or county)	Md (Stote)
23. FUNERAL DIRECTO John O. Mi		Ino. 1900 Butar	Place	0.4 100	ISTRAR'S SIGNA	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4 DR: After this certificate has been signed by the ottending physician and completely filled in by funeral director, etached for use as the burial-transit permit. Then please remove carbon papers: Rages 1 and 2 should be filed with may be retained. The hospital ar ottending physician.

TO FUNERAL DISCORDER After this certificate has been signed by the ottending physician and page 3 should be detached for use as the burial-transit permit. Then please remave carbon the registror prior to burial, cremation, ar removal, and in any event within 72 hours after detached. TO HOSPITAL OR VS A15 (4) 15M 9/55

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bicose	Page	files.	tegith.	or its designated agent, prior to burial, cremotion, ar removal, and in any event within 72 hours after death.	1
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. CQUNTY o. STATE Maryland Balto b. COUNTY Sparrowspoint Balto county MARYLAND b. CITY OR TOWN (If autside carporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) and give nearest town) Life Baltimore Baltimore d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? 3103 Brightonst # 16 Sparrowspint hospital YES NO IX 3. NAME OF Middle DATE Walter Stanley Month Year OF DEATH April 20 1059 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR! IF UNDER 24 HRS. Months Days Haurs | Min. WIDOWED [7] DIVORCED KI March 16-1909 Mala Colored 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stale or foreign country) during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Beth Steel Dorchester County Md. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Asbury Stanley Martha Clark 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CambridgenMd. no No unknown) (if yes, give war or dates of service) Martha Stanley 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200. EXTENDEL CAUSE WAS PRIMARY, A or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) own + backed over 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Month, Doy, Year (County) (State) factory, street, office bldg., etc.) While al work ol wark factory - 125 Co Baltimore # 21. I certify that I took charge of the remains described above, held an Autapsy . Inspection Inquiry D. apinion deoth resulted from: Natural causes , Accident ... Suicide , Undetermined manner ACTUAL DATE SIGNED M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial 4-25-59 Taylorgs Island Md. orchester County 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE

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SECRETARY.

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	Markey Shirt Deve			
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4086 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

04073 Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE  Md.							
1	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Catonsville	180000							
/	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 430 Ingleside Ave.	/ d. STREET ADDRESS  430 Ingleside Ave.  • IS RESIDENCE ON A FARM?  YES □ NO □							
	3. NAME OF DECEASED (Type or print) GEORGE B. STANSBURY	Lost 4. DATE Month Day Year OF DEATH April 4.1959 19							
	The state of the s	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Nov. 14.1870   88 yrs.   Months   Days   Hours   Min.							
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBLE OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country)  Baltimore County Md. USA  14 MOTHER'S MAIDEN NAME							
	John Standbury	Lucinda Harris							
		NFORMANT Address							
	no 219-09-4754 Mai	rgaret Gartner. 430 Ingleside Ave.							
	18. CAUSE OF DEATH [Enter only one cause per live for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (c)	Thubn's Deals ONSET AND DEATH							
3	ICATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19/ WAS AUTOPSY PERFORMED?  YES NO							
		D. (Enter nature of injury in Part I or Part II of item 18.)							
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40 Hour o. m. 19 While 20d work 10d at work 10d work	ACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) clary, street, affice bldg., etc.)							
	21. I certify that I attended the deceased from the course of the course and an the date stated above.  ACTUAL SIGNATURE  PHYSICIAN'S  ACTUAL SIGNATURE  PHYSICIAN'S								
	PAME (Type) W1111am I. Fearing  220. BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY OF	3025 Belair Road							
	Burial Apr. 7.1959 Parkwood C								
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 PECID BY PECICEPAD 246 PECICEPAPIS SIGNATURE							
	HENRY SANDER & BONS. INC. Baltimore	e Md. DATEAPR 8 '59 arthur S. Hame							

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4	TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the certificate has been signed by the attending physician and completely filled in by the certain director.	
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	MARY	.AND	STATE DEPAR	TM	ENT OF HEALTH	I-BAL	TIMORE, 1	8	10	m 4
	40	87	CERTIF	ICA	TE OF DEATH	1		Reg. Dist.	140'	14
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLA	ND	2. USUAL RESIDENCE (Who o. STATE Mary)		ed lived. If institution b. COUNTY			nissian)
b. CITY OR TOWN ( RURAL and give n			c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If o	utside corpo	orate limits, write RI	JRAL and give	nearest to	own)
	Towso				Towson 55					
OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDRESS/	ive :	#1		10	RESIDENCE 1 A FARM?
3. NAME OF DECEASED (Type or print)	Fir		Middle W.		tost STEADMAN	4. DATE OF DEATH	Mont		Day 28	Year 19 5
5. SEX		7. MARI	RIED NEVER MARRIED		B. DATE OF BIRTH			IF UNDER 1 Y		
Female	White	WIDOW			Jan. 20, 189	8	9. AGE (In years lost birthday) 61 yrs.	Months Do	ys Hou	rs Min.
10a. USUAL OCCUPATION	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote			12. CITIZEI	V OF WH	AT COUNTI
Housewife	king life, even if retired				Baltimore			4 1 6 7		
13. FATHER'S NAME					14. MOTHER'S MAIDEN N		, 20			
Ellwood M.	Wellener				Sarah Jane	Evans				
	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. If	FORMANT	3 ( 0	Addr	ess		
No	(If yes, give war or dates of s	ervice)		Mr	. Richard L.	Stead	dman=18 D	ixie Dr	rive	#},
Conditions, if a gave rise to i cause (a), stating lying cause last.	the under-		ente Mys	T BUT	noting infor	NAI DISFAS	SE CONDITION GIVE		1 he	ND DEATH
PART II. OTI	lamis.	che	les it to				2 2011011011011	214 1141 2001 110	PER YES	FORMED?
20a. ACCIDENT WA	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCC	URREC	. (Enter nature of injury in F	Part I or Par	rt II of item 18.)		1123	<u> </u>
20c. TIME OF INJUR Hour o. m. p. m.	RY Manth, Day, Yea	While	NJURY OCCURRED Not while k at work	e. PLA foc	CE OF INJURY (Home, farm, lary, street, affice bldg., etc.	20f. (Cit	y or town)	(Cour	nty)	(Stote
21. I certify the alive an ACTUAL SIGNATURE	nat I attended the	deceas , 19_	~~	22 eath		M, frai	m the causes a direct, city or town, s	nd an the		
PHYSICIAN'S NAME (Type)										
220. BURIAL, CREMATIC REMOVAL (Specify)		F	22c. NAME OF CEMETE	RY OF	CREMATORY	22d. LOCA	TION (City, town, o	r county)	(5)	late)
Burial	14/30/59			rk	Cemetery	Balt	imore, Ma	ryland		
23. FUNERAL DIRECTOR	S SIGNATURE	lons	Balto-1	17,	che o	BY REGIST		TRAR'S SIGNA		

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4088 **CERTIFICATE OF DEATH** 

-	Keg. Dist. No.
	BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL/and give nearest town?  CATON JVILLE  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)  VELLY Smooth Glen Burnie 02 x - 2
15	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION Grove State Hospital 208 Second Ave. Harley PR YES NO IN
	NAME OF DECEASED (Type or print)  NOTAH Worldle STEIN 4. DATE OF DEATH 4. DATE OF DEATH 21 1959
)	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
-	Oa. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  Own Home  10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fereign country)  December 11, BIRTHPLACE (State or fereign country)  12. CITIZEN OF WHAT COUNTRY?
	James WRIGHT Ellen WITHELL
	S. WAS GECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT . HOSpital Records
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), opd (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  ACNTE CAVAIUCE FAILURE  ONSEY AND DEATH
	Conditions, if ony, which gove rise to immediate pure to immediate
	lying couse lost. (c) generalized arteriosclerosis
	PERFORMED? YES NO IV
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year Hour o. p. m. 19 20d. INJURY OCCURRED While Not while of work of two work of two of two of two work of two of tw
	21. I certify that I attended the deceased fram. Nov. 12, 1957, ta Apv. 21., 1959, that I last saw the deceased alive on Apv. 21.
	alive on HPC: 21., and that death occurred at P. M., fram the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNATURE  SIGNATURE  STELLA WACHSLERMD.  Storms  From From St. H.
1	PHYSICIAN'S Skella Wacheles //33
	20. BURIAL, CREMATION, REMOVAL (Specify)  Abro 24, 1959  Parkwood Cem.  22d. LOCATION (City, town, or county)  (Stole)  Parky, 1/e, Mary land
1	3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRES

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
*4089	CERTIFICATE	OF	DEATH	

**CERTIFICATE OF DEATH** 

()4076 Reg. Dist. No.

						Neg. Dist. 140	•
PLACE OF DEATH     a. COUNTY	Bal timor	e MARYLAN	II O STATE WE	E (Where deceased livyland	ed. If institution b. COUNTY	Residence before Balti	
b. CITY OR TOWN (If outside RURAL and give nearest to Bengi	wn)	c. LENGTH OF STAY IN 1		N (If autside carporate engies	limits, write RUI	RAL and give ne	arest tawn)
d. NAME OF HOSPITAL (If no OR INSTITUTION Rt. 14 Box 4			/ d. STREET ADDRE	ss x 477 Carr	oll Isla	and Rd.	e. IS RESIDENCE ON A FARM? YES A NO
3. NAME OF DECEASED (Type or print)	lieFirst	Middle 57	TOPCKET LOST TOPCKE	4. DATE OF DEATH	APY I	De G	y Year 1959
		RRIED NEVER MARRIED WED A DIVORCED	7 70			FUNDER I YEAR Manths Days	IF UNDER 24 HRS. Haurs Min.
10a. USUAL OCCUPATION (Give during most of working life, Housewit	even if retired)	b. KIND OF BUSINESS OR IN At Home	idustry 11. Birthplace ( Germa		ry)	USA	OF WHAT COUNTRY
13. FATHER'S NAME Unk	nown Lubba	9.	14. MOTHER'S MAIL		Unknow	n	
15. WAS DECEASED EVER IN U. (Yes, no. or unknown)	S. ARMED FORCES? 1		7. INFORMANT Irs. Margaret	Wilkinson	Addres	4 Box 47	77
PART I. DEATH WAS IMMED  4 20. /  Conditions, if any, whi gave rise to immedia couse (a), stating the underlying couse last.	DUE TO	rteriosel	evotre Ca	udis Vas	jular	e	2 yes
ICATI		CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	FERMINAL DISEASE CO	ONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	ERLYING   20b. D USE OF DEATH AL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of inju	ry in Part I ar Part II a	of item 18.)		
20c. TIME OF INJURY Man Haur a. m. p. m.	Whi		PLACE OF INJURY (Home, factory, street, affice bldg	, farm, 20f. (City ar 1	tawn)	(Caunty)	(State)
21. I certify that I at alive on	ttended the deceded 9 , 19  3 Auma  Baumgardh	59, And that dec	1, 19.5.7, to ath accurred at 23	Coril Con And And And And And And And And And An	ne causes an	d an the da	aw the deceased the stated above DATE SIGNED 4/9/59
REMOVAL (Specify)	. DATE THEREOF	22c. NAME OF CEMETER			V (City, tawn, ar	,,	(State)
23. FUNERAL DIRECTOR'S SIGNA	ril 13,1959 ural Ha	ADDRESS 7401 BE	1 - 0 240.	REC'D BY REGISTRAR APR 1 3 '59		RAR'S SIGNATURE S. Krau	

THE CONTRACT The west of the Best State and Section 1 a They will be a faithful to see the series

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4090 CERTIFICATE OF DEATH Reg. Dist. No director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed a. STATE b. COUNTY MARYLAND Balto Md 0 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Catonsville Baltimore d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 516 Old Orchard Rd. Shady Nook Home YES NO 3. NAME OF First Middle 4. DATE Month Year DECEASED NELLIE M. STRAUSS DEATH (Type or print) April 19 59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (In years last birthday) Months Days Hours female whi te WIDOWED I 82 16 YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christian . Hoffrogge Mary Louise Dil гетаме 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr. C. H. Hoffrogge - 516 Old Orchard Rd. #29 attending none 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā, PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUF TO couse (o), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 19 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, affice bldg., etc.) Hour a.m. While Not while of work at work 18 and 1958, that I lost saw the deceased 21. I certify that I ottended the deceosed from... \_\_, and that death occurred at 10/0/4-M, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL FUNERAL DIR PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Entombment Lorraine Maus Woodlawn FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Christing S. Feraus DATE APR 2 2 '59 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Litem 9. Film G242.5-8-59 md CERTIFICATE OF DEATH

04078

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Reg.	Dist.	No.

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meral director,

may be retained the hospital or attending physician.

TO FUNERAL DIRE A: After this certificate has been signed by the attending physician and campletely filled in by the final page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR VS A15 (4) 1SM 10/57

303	1							Reg. [	Dist. No.		
1. PLACE OF DEATH o. COUNTY  Baltimor	•	MARY	LAND	o. STATE	Maryl		l lived. Il institu b. COUNT	v	ence befor		ion)
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town)  TOWSON	s, write	c. LENGTH OF STAY	IN 1b	-	town (If or		ote limits, write Balto.	1	d give nea	irest town	)
d. NAME OF HOSPITAL (If not in hospitol, gi OR INSTITUTION Towson Convalescent H		oddress)		d. STREET A	pkins	Road					IDENCE FARM? NO
3. NAME OF First DECEASED (Type or print) ROBERT HAR		Y STRICKLAN	ND.	Las	P	4. DATE OF DEATH		ril 2	26,19	50	Year 19
16.7   178.1	7. MARR	DIVORCE		July 31,	1891		9. AGE (In years	Months	Doys Doys	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired) Salesman— retired		kind of Business o achinery M			ACE (Stole o	or foreign co	runtry)	12. 0	USA		COUNTRY?
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				9-1	
Robert H. Strickland				Marth	a Har	daway					
15. WAS DECEASED EVER IN U. S. ARMED FORC 17es. no. or unknown) (If yes, give wor or dates of see Yes		SOCIAL SECURITY NO.	1.75	Starr C	coale,	112 H		Rd.,	Balt	0.12	,Md.
18. CAUSE OF DEATH [Enter only one couper to the couper of		(e) all us		n Gr	ing				INTE	ERVAL BE ET AND	TWEEN DEATH
PART II. OTHER SIGNIFICANT CONE PULMANIAN  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  O	eligo	CRIBE HOW INJURY OF	in	horis	Lin	4		IVEN IN PA	ART 1(o) 1	PERFO	AUTOPSY RMED? NO 🕒
20c. TIME OF INJURY Month, Day, Year Hour o.m. 19	r 20d. IN While of work	Not while		CE OF INJURY (I lory, street, office			or town)		(County)		(Stote)
21. I certify that I attended the alive an April 25  ACTUAL SIGNATURE PHYSICIAN'S HEWLAND	decease , 192	79	death	accurred of			the causes seet, city or town	and on		le state	deceased above. ATE SIGNED MC 1914
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial April 29.	1959	Loudon P				nd. locat Baltin	ION (City, town,	or county)		(Stote	e)
23. FUNERAL DIRECTOR'S SIGNATURE  John Burns! Sons, T	'ewso	ADDRESS				BY REGISTI	RAR 24b. REG	Istrar's s	IGNATUR		

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the attending	Then pleose re	event within 72 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4092 **CERTIFICATE OF DEATH**  ()4075) Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Balto		124	MARYL	AND	2. USUAL RESIDENCE (	Where decease	d lived. If institut			mission)
			,	1						
b. CITY OR TOWN (If RURAL ond give neo Randallston	rest town)	ts, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (	If outside corporations		RURAL ond s	give nearest t	lown)
d. NAME OF HOSPITA	L (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				e. IS	RESIDENCE
OR INSTITUTION	- D.1				/ 00 00				0	N A FARM?
22 Sherida						neration	Rd.		163	□ NO □
3. NAME OF DECEASED	Fir		Middle		Lost	4. DATE	Moi	nth	Day	Yeor
(Type or print)	HARR	X	E.		SUTER	DEATH	A	oril	13.	19 59
S. SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years		TYEAR IF U	NDER 24 HRS.
Male	white		COLUMN TO THE PARTY OF THE PART	hand	Mar.12,187		lost birthday) 81 yrs.	Months	Days Ho	urs Min.
100. USUAL OCCUPATION	(Give kind of work			INDUS	TRY 11. BIRTHPLACE (See	ote or foreign o	ountry)	12. CIT	IZEN OF WI	AT COUNTRY
during most of working	td)	S	elf emp		Md.			- 100		
13. FATHER'S NAME					14. MOTHER'S MAIDER	N NAME				
5 0 27 0										
Rufus W. S				1	Mary	Beck				
15. WAS DECEASED EVER	yes, give wor or dates of se		SOCIAL SECURITY NO.	17. IN	IFORMANT		Add	iress		
yes	Spanish Am		none	M	Ir. John R.	Suter	5602 Na	rciss	ns Ave	- Relto
18. CAUSE OF DEAT	H [Enter only one co	use per lin	ne for (o), (b), and (c).						INTERVAL	BETWEEN
PART I. DEATI	H WAS CAUSED BY:		VENTRALIA	F.	BRILLATION					ND DEATH
11221	MMEDIATE CAUSE (o		ENTRICULAR	-//	ORILANION				10	ence
Total of	DUE TO		M.	7						1
Conditions, if ony gove rise to im		/	MYO CHROIAL	4	NSUFFICIENCE	24			6	days"
couse (o), stoting th									1	
lying couse lost.	) (c	)	HATERIO-SCL	ERO	TIC C.V.	0.			10)	RS,
Z PART II. OTHE	R SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TEL	RMINAL DISEAS	E CONDITION GI	VEN IN PART	T 1(a) 19. W	AS AUTOPSY
PART II. OTHE			nei	ul						RFORMED?
20g. ACCIDENT WAS OR CONTRIBUTING E	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury	in Port I or Par	t II of item 18.)			
_			1-							
Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While of worl	Not while	foci	CE OF INJURY (Home, fo lory, street, office bldg.,	erm, i 20f. (City	or town)	(0	County)	(State)
21. I certify tha	t I attended the	deceas	ed from Miss		1958, to	april	1059	that I I		he deceased
//	ail 13	101		1 .1		n	, 1722.	,mar i i	asi saw ii	ne deceased
alive on		190	and that o	eath	occurred at 200				ne date st	
ACTUAL SIGNATURE	urlable	lleu	chus		D 9017	LIBERT	reet, city or town,	store)		DATE SIGNED
PHYSICIAN'S NAME (Type)	HAROLD M	1. 11	VEINBERG	Me	7 Repor	USTON	a Mi	4		
220. BURIAL, CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)	1	Stote)
Burial (Specify)	4/16/59		Woodlaw	ı. Ce	m	1 1 1 2 7 2			,	
23. FUNERAL DIRECTOR'S	111,7	01	ADDRESS	7		C'D BY REGIST	dlawn M	STRAR'S SIG	NATURE	
May &	lichenes	44	Sour - R	all					8, thousa	

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MARYLAND STATE DEPARTM	ATE OF DEATH
	Reg. Dist, No.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) d. STATE b. COUNTY
b. CITY OR TOWN (If adviside corporate limits, write RURAL and give neglest lown)	c. CITY OR TOWN (control corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  ON A FARM?  YES NO NO
3. NAME OF DECEASED (Type or print) First Starrey.	SZCZES DEATH Month Day Year
5. SEX ALO 6 COLOR OF RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 3 SZCZESZE/	14. MOTHER'S MAIDEN NAME MARY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. oc unknown)   If yes, give wor or dates of service)   16. SOCIAL SECURITY NO. 17.	ecilea S. Sicres Sell 2011 Gourd St
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)/	INTERVAL BOTWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	onary Occhusion. Onstitution
Conditions, if any, which gave rise to immediate (b)	isle Mydoma. One ye
couse (a), stating the <u>under-</u> DUE TO  lying cause last.	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO N
OF CONTRIBUTING LI CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Part II of item-18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. j  p. m. 19 While Not while of work of work of work of the state of	LACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State)
21. I certify that I attended the deceased from Allay	19 8, ta time 19 What I last saw the decease
alive on 19 , and that death	h accurred at ADAM, from the causes and anothe date stated above
ACTUAL SIGNATURE Trank 1. Kasik .	M.D. 900 TOYO TOYO DATE SIGNE
PHYSICIAN'S FRANK T. KASIK	Fr. BALTO 14, Md.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify), 4/22/59 HOLLA	PRISARY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	DATE APR 2 0 '59 Carthury S. Hours

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De Williams	and the			
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# HEALTH DEPT.

sory, please iar. Page our files. of Health,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is negas execute the centre, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be let.

To Funeral Director: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard or its designated agent, prior to burial, cremotian, from its designated agent, prior to burial, cremotian, and in any event within 72 hours offer death.

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VS. AISME 5M 2/57

## tem 20 Film 24MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	4034					Reg. Dis	t, No.	
1. PLACE OF DEATH		The Property Hole	2. USUAL RESIDENC	E (Where deceo	sed lived. If institu	tion: Residen	ce before or	dmission)
o. COUNTY	Baltimore	MARYLAND	o. STATE Mar	vland	b. COUNT	Balt:	imore	
	If outside corporate fimits, write RUI	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	V (If outside cor	porote limits, write			town)
and give nearest lawr	sex (21)		511 Ess	ex				
		t in hospitol, give street oddress)	d. STREET ADDRES					S RESIDENCE
412 Ba	ck River Neck	Rd.	412	Back R	iver Neck	c Rd.		N A FARM?
3. NAME OF DECEASED (Type or print)	First EDWAR	Middle D	TATUM	4. DATE OF DEATH	April	7,	Doy	Yeor 19 <b>59</b>
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED   8	. DATE OF BIRTH		9. AGE (In years fost birthday)	IF UNDER 1	YEAR IF UI	NDER 24 HRS.
Male	White  w	DOWED DIVORCED	July 15, 1	907	51 yrs.	Months D	Pays Hour	rs Min.
10a. USUAL OCCUPATION during most of working Guard	ON (Give kind of work done ng life, even if retired)	Detective Agenc			country)	12. CITIZ	EN OF WHA	AT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		200		
Thomas	Tatum		Florence	Burne	s			
15. WAS DECEASED EV	VER IN U. S. ARMED FORCE: (If yes, give was or dates of servin		Bertha Tat		Address Same			
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  MODERACK  TOTAL  T	Second and third of Carbon Monoxide Po		S			INTERVAL BE	DEATH
PART II, OTI	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TI	ERMINAL DISEAS	SE CONDITION GIV	EN IN PART		FORMED?
		Surning of home	Enter noture of injury in	Port I or Part II	f of item 18.)			
20c. TIME OF INJU	JRY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ory, street, office bldg.,	form, 20f. (Cit	y or town)	(Coun	nty)	(Stote)
Hour o.m.	4/7 1959	While Not while at work at work	Home		Essex	Balt	0	Md.
21. I certify t	hat I took charge at	the remains described abatural causes,	X, Suicide	ppsy,I , Hamicide	nspection <b>K</b> ], Undete	Inquiry rmined m	anner [	and in my  It signed
EXAMINER'S	7	9		DICAL EXAMINER			4/1/	27
220. BURIAL, CREMATIC REMOVAL IS TO CITY	ON, 226. DATE THEREOF 4/10/59	22c. NAME OF CEMETERY OR Loudon Park		22d. LOCA	TION (City, lown, o	or county)	(S	itote)
23. FUNERAL DIRECTOR	PS SUPPATURE 2407	Lastern Ave.	24o. F	REC'D BY REGIS	TRAR 24b. REGIS	STRAR'S SIGI		

THE RESERVE AND THE PARTY OF TH Teresta or rected . C . . . . . . . . . . . . ov. the Tr. I will have been I

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4. Film G241 CERTIFICATE OF DEATH Item

04082

Reg. Dist. No.

MARYLAND 2			Residence before admission) Baltimore
LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	orporate limits, write RUR	AL and give nearest town)
Home	d. STREET ADDRESS / 407 Alab	ama Rd.	e. 15 RESIDENCE ON A FARMO- YES NO-E
J. Ta	or OF		Doy Yeor 12 19 59
		9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Haurs Min.
nd of Business or industry	New York	n country)	12. CITIZEN OF WHAT COUNTRY?
		reidler	
		407 Alaba	
NANITION ULTIPLE M EMINOMA		EASE CONDITION GIVEN	ONSET AND DEATH  2 VETUS  4 YEARS  I IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
JRY OCCURRED 20e. PLACE	OF INJURY (Home, farm, 20f. (		(County) (State)
from 3/3. L., and that death action of the m.D.  11e, M.D.	25 W. PA.	rom the causes and 5 (Street, city or town, sto AVT 4	
	REMATORY 22d. LC	CATION (City, town, or o	
ADDRESS York Rd. Tov		150	AR'S SIGNATURE
	MARYLAND  LENGTH OF STAY IN 1b  Middle  J. Ta  Middle  J. Ta  DIVORCED  DIVORCED  NO OF BUSINESS OR INDUSTRY  LETMING  CIAL SECURITY NO. 17. INFO  20-30-2109 Le 1a  For (a), (b), and (c).]  NANITON  ULT) PLE  MIRIBUTING TO DEATH BUT NO  BE HOW INJURY OCCURRED. (I)  INY OCCURRED  ATRIPORT  AND  12c. NAME OF CEMETERY OR CI  ATRIPORT  ADDRESS	MARYLAND  O. STATE Maryland  C. CITY OR TOWN (If outside of Towson  Jobson  J. STREET ADDRESS  HOME  Middle  Taylor  O. DAY  OF Alab  J. DAY  OF Alab  OF AUG.  NEVER MARRIED  DIVORCED  DIVORCED  NO OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign New York  14. MOTHER'S MAIDEN NAME  Bertha E. K  CIAL SECURITY NO. 17. INFORMANT  D-30-2109 Leland D. Taylor  For (a), (b), and (c).]  NANITON  UCT PLE  METASTASES  WIRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTION TO T	LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RUR TOWSON  d. STREET ADDRESS  HOME  Taylor  Taylor  April  DIVORCED  NEVER MARRIED  B. DATE OF BIRTH  DIVORCED  NO OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  NEW YORK  14. MOTHER'S MAIDEN NAME Bertha E. Kreidler  CIAL SECURITY NO.  17. INFORMANT  Address  ADTE  AUTHOR  AUTHOR  TOWA  AUTHOR  AUTHOR  TOWA  AUTHOR  AUTHOR

VS A1S (4) 15M 9/SS

CATE OF DEATH	CERTIFI
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	amount at the contract and the
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TOTAL TOTAL TOTAL TOTAL	Bil skrot Odvil. on tenores - inot m

VS A15 (4) 15M 10/57 #

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4096

#### **CERTIFICATE OF DEATH**

Pag	Dist.	No	

, 1	PLACE OF DEATH				2.	USUAL RESIDENCE (M	here deceased		in: Residence be	fare admiss	ion)
1		alto.		MARYL	AND	a. STATE Md.		b. COUNTY	Balto.		
	b. CITY OR TOWN (IF RURAL and give new Balto: 7		ts, write c	LENGTH OF STAY IF	N 16	c. CITY OR TOWN (IF Balto		te limits, write RU	JRAL and give i	neorest tawn	)
	d. NAME OF HOSPITA OR INSTITUTION 3633 Eitem		give street ad	dress)	1	d. STREET ADDRESS	emille r	Rd.	4		IDENCE FARM?
3	NAME OF DECEASED (Type or print)	Fin		Middle E .	TERRY	Last	4. DATE OF DEATH	Mont	h ril	Day	Year 59
5	SEX		_	D NEVER MARRIED		ATE OF BIRTH		1	IF UNDER 1 YE		
	female	white	WIDOWED			ec. 27. 18	01	last birthdoy) 7), yrs.	Months Days		Min.
10	a. USUAL OCCUPATIO	N (Give kind of work	dane 10b. KII	ND OF BUSINESS OR	INDUSTRY			1 64	12. CITIZEN	OF WHAT	COUNTRY?
	Housewife	ing life, even if retired	)			Germant			U. S	. A.	
13	. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
	Henry Kon	radi				Catherine	8				
1	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SC	CIAL SECURITY NO.	17. INFO	RMANT		Addr	ess		
L	no no or onenown)	If yes, give war or dates of s		no	Mr.	Frank R.	Terry -	3633 Ei	temille	r Rd.	
F	18. CAUSE OF DEAT	TH [Enter anly one co	use per line	far (a), (b), and (c).]						ITERVAL BE	TWEEN
		H WAS CAUSED BY:	1	-		· /h	mele	osin	0	NSET AND	DEATH
	420.1	DUE TO		0 -0							
	Canditians, if an	u which )	1	Las us De		ine e	-0	Dese	ind		
	gave rise to in	mediate (		4 perce					- 9		
	lying cause last.	he under-									
12	PART II. OTH	er significant con		NTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	AINAL DISEASE	CONDITION GIVE	FN IN PART I(a)	19. WAS /	AUTOPSY
ATI										PERFO	RMED?
CEPTIEICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY )	CAUSE OF DEATH	20b. DESCRI	BE HOW INJURY OC	CURRED. (E	nter noture af injury in	Part I ar Part I	l af item 18.)		113	МОЦ
Į.	20c. TIME OF INJURY	Month, Day, Yes	or 20d. INJU	JRY OCCURRED 2	Oe. PLACE	OF INJURY (Home, for	m,   20f. (City o	r tawn)	(Count	y)	(Stote)
MEDICAL	Hour a.m. p.m.	19	White at work	Nat while	factory	, street, affice bldg., et	(c.)		1		
	21. I certify the	at I attended the	deceased	from The	19-	5,89 , 104	pr 2	8. 19.2	That I last	saw the	deceased
	alive on	224	195	2, and that a	leath oc	curred at 4.4		the causes a		late state	d abave.
	- CTILL	made	-	21.	0	50	ADDRESS (Stre	et, city ar tawn, s	TOTAL TOTAL	0	TE SIGNED
	ACTUAL SIGNATURE	The last	reck	John	7_M.D.	303	33 W	20	1 6	4	
	PHYSICIAN'S NAME (Type)	MF	Teu/	1340	3/1	4					
27	a. BURIAL, CREMATION REMOVAL (Specify) Burial	5/2/59	F	Mestern		EMATORY	Balt	ON (City, tawn, a	r caunty)	(State	2)
23	EUNERAL DIRECTOR'S	SIGNATURE	er y	ADDRESS	B	act 240. REC	B 83 RECIPIEN	R 24b. REGIS	TRAR'S SIGNAT		
F	12000	1,00,00	- /	740001	70	ALL A					
	V			1	1 1	ula.					

		CATE OF DEATH	anna cenne		
	Was to the			Lodge	
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	- 36 3 E. cer. L. sewist.	Marche C. C. Complete Company	0.1		OG
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	Country Hill to be as as come				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	4097		CERTII	FICA	TE OF DEATI	1		Reg. Dist. No	0.07
PLACE OF DEATH     O. COUNTY	Baltimore		MARY	LAND	2. USUAL RESIDENCE (WI	here deceased	lived. If institution b. COUNTY	n: Residence before	ore odmission)
	If outside corporate limi		c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF	outside corpora	te limits, write RL		earest town)
KOKAL ond give in	Catonsvil	1e			52 Cato	nsvil:	le		
d. NAME OF HOSPIT	TAL (If nat in haspital, g	ive street	oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	1002 Mark	swor	th Rd.		1002 Mar	kswor	th Rd.		YES NO
3. NAME OF DECEASED (Type ar print)	Fir Kather		Middle	Th	lost 10m	4. DATE OF DEATH	Mont	0.0	ay Year
S. SEX			IED NEVER MARRIE		. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 YEAR	R IF UNDER 24 HRS
F.	W.	WIDOWE	DIVORCED		May 20,186	5	93 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION during most of work None	king life, even if retired	dane 10b.	KIND OF BUSINESS OF	R INDUS	TRY 11. BIRTHPLACE (State Hungar	or foreign cau	ntry)	12.CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAME	All Control				14. MOTHER'S MAIDEN		CX 71.1-		
		I	Bermal		Unknow	m			
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		Mary Esze	s,100	Address 2 Marks		Rd.
Conditions, if o gove rise to i couse (o), stoting lying cause lost.	the under-	)	Seni	lit	r Disease-sy-age 94.				
PART II. OTH	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CURRED	. (Enter nature of injury in	Part I or Port I	l of item 18.)		YES NO 🛛
	Month, Doy, Yes	20d. IN While at work	Not while		CE OF INJURY (Hame, farm ory, street, office bldg., etc		or tawn)	(County)	) (Stote)
21. I certify th	nat I attended the	deceose	ed from. 195	7	, 19, ta/	April	21, 1959,	that I last sa	w the deceased
ACTUAL SIGNATURE		5919			occurred at 10;	M) From the		d an the dot	
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	4/24/59			TERY OR	L Cemetery	A.A	ON (City, town, o		(Stote)
23. FUNERAL DIRECTOR	SSIGNATURE		ADDRESS		24a. REC'	D BY REGISTRA	AR 24b. REGIS	TRAR'S SIGNATU	JRE

DATE APR 2 3 '59

arthur & thank

Witzke Funeral Dir. 4101 Edmondson Ave.

may be retoined the TO FUNERAL DIRECTOR: VS A1S (4) 1SM 9/SB -DERILL 107150 THE PROPERTY OF THE PARTY OF TH 5 / - 21 6 8 - 50 = 1:00 c Nage and Thereton IIII takes we will be a ranger water a series of the cape of the series and the series of the

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4098

CERTIFICATE OF DEATH

04085

			91 111	R	leg. Dist. No.
1.	PLACE OF DEATH			ere deceased lived. If institution:	Residence befare admission)
	Baltimore	MARYLAND	36 3	and b. COUNTY P	Baltimore
	b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16			
		14fe	V Cookeren	1770	
-				TTTE	e. IS RESIDENCE
	OR INSTITUTION		/_	D.3	ON A FARM?
-			Beaver Dai		I IES [] NO []
	DECEASED		Lost	OF	Day Year
-				7-20-	
5.	SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		Months Days Hours Min.
	male   white   widow	ED DIVORCED	9-15-1888	70 yrs.	Day's Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
m	achine operator to	ool mfg.	Marylan	nd	U.S.A.
13.	FATHER'S NAME				
	Tom Thompson		Mary A	nn Knann	
15.		SOCIAL SECURITY NO. 17.			<u> </u>
	s, no, or unknown) (If yes, give war or dates of service)		hamles P W	Thompson Tim	ontum Md
=		daniel din	naries h.w.	THOMPSON, III	
		ne for (a), (b), and (c).	+1	0	INTERVAL BETWEEN ONSET AND DEATH
1. PLACE OF DEATH  a. COUNTY  Baltimore  b. COUNTY  Baltimore  c. CENGTH OF STAY IN 1b  RURAL ond give necrest lown)  Cockeysville  d. NAME OF HOSPITAL (if not in hapitol, give street address)  OR INSTITUTION  BEAVER DAM Rd.  3. MAME OF DECASED  (If per or print)  Charles Ridgely Thompson  S. SEX  6. COLOR OR RACE  MIDOWED  DIVORCED  DIVORCED	1.5 minus				
	420.1 DUE TO	1/	X		
		Hyper	Desson		2 yrs.
		1.1	- // -	. ()	ties
		Mellos	clline	- genera	- 13 gra
z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19 WAS AUTOPSY
ATI		1	6		PERFORMED? YES NO P
IFIC	20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I ar Part II of item 18.)	
CER	OR CONTRIBUTING CAUSE OF DEATH	1			
AL	20c, TIME OF INJURY Manth, Day, Year 20d I	INHIRY OCCURRED 20e. PI	ACE OF INJURY (Hame, farm	. 20f. (City or town)	(Caunty) (State)
EDIC	Haur a.m. While	Nat while fa			(county)
Z	p. m. 17 at war	k   at work			
	21. I certify that I attended the decease	ied fram / - / -	19 , 10/4	-20-019	that I last saw the deceased
	alive an 195	7_ 1, and that death	occurred at	M, fram the couses and	d an the date stated above.
	(1 901	8 1101	85 7	ADDRESS (Street, city ar town, sto	DATE SIGNED
	SIGNATURE SELLIN	Fallel	M.D. Tec	2 les lous	~ My 4-22
	(4000	XI CC SC	13	4 4	600
	PHYSICIAN'S	VD 1/01/	1618	1000 / 3201AC	/ V h

TO HOSPITAL OR VS A15 (4) 15M 9/SS

G. BURIAL, CRIMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY
BUT131 4-23-59 Jessops Methodist
JUNIERAL DIRECTOR'S SIGNATURE ADDRESS
ADDRESS
ADDRESS
ADDRESS
ADDRESS
Rd., Towson 4, Md.

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

Md.

DATE APR 2 4 '59

Sparks

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.A.S.J	neryland	. Sam stogs	NO 0 201 200	ontdon
	egent and year		Thompson	101
	, a represent . W. C. political.			021

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				QL.		TIL OI L				Reg. [	dist. No.		
1.	PLACE OF DEATH o. COUNTY	Baltimore	Coun	ty	ARYLAND	2. USUAL RESIGNATE Maryl	and	re decease	d lived. If institu b, COUN		ence befor	e admis	sion)
	b. CITY OR TOWN ( RURAL and give n	If outside carporate limi	s, write	c. LENGTH OF	TAY IN 1b	c. CITY OR 1	OWN (If ou	tside corpo	rote limits, write	RURAL one	give nea	rest tow	1) /
	KOKAL GIIO GIIV	atonsville	28			Balti	more	18		3	VO	1-4	
	d. NAME OF HOSPI	TAL (If not in hospitol, g The House To Fusting	ve street	pddress) Pine	c	d. STREET A	DDRESS			1 1 1 1 1 1	-	. IS RES	SIDENCE FARM?
		16 Füsting	Ave	THE TIME	9	606 E	ast 3	7th S	Street				NO
3.	NAME OF DECEASED	Fir	it	Mi	iddle	Los		4. DATE	м	onth	Do		Year
	(Type or print)	Emn	ıa	Vir	ginia	Thom	pson	OF DEATH	Ap:	ril	28		1959
\$.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER M	ARRIED	B. DATE OF BIRTH			9. AGE (In year	IF UNDE			
	Female	White	WIDOWI	DIVO	RCED	Dec. 25	,1868	100	90 91	Months	Doys	Hours	Min.
100	during most of wor	ON (Give kind of work of king life, even if retired)	lone 10b.	KIND OF BUSINE	SS OR INDU	STRY 11. BIRTHPL	ACE (State o	r foreign c	ountry)	12. C	ITIZEN O	F WHAT	COUNTRY?
	Housewi	fe				M	aryla	nd			U.S.	A.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME		411/20			
	Henry	Debaugh		E 570 514		(un	known	)	Hubba	rd			
	WAS DECEASED EVE	ER IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17, H	NFORMANT		Heir	Ac	dress			
					Mrs	s.Mabel	L. Me	eks,6	006 Eas	t 37t	h St	reet	
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	(	le for (a), (b), and	clus	tu H	lare	3 2	Disea.	بو	INTE	RVAL BE	TWEEN DEATH
	Conditions, if a		0			a. Va.		0			11	2 4	1
	gave rise to a	mmediate (	7	<i>sunace</i>	gra	enery	me	of the			-	_/	
	lying couse lost.	(c											
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	al	CONTRIBUTING TO	DEATH BUT	Per RELATED TO		AL DISEAS	E CONDITION G	IVEN IN PA	RT 1(o) 15	PERFC	AUTOPSY PRMED?
CERTIFI	20g. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING   GOOD CAUSE OF DEATH   MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUI	RY OCCURRE	D. (Enter noture of	finjury in Po	ort I or Por	t It of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yes	While	Not while		ACE OF INJURY II			or town)		(County)		(Stote)
		nat I attended the	decease	ed from	4-3	3 1059	, ta	4-2	8 105	916-11	last sa	46-0	deceased
	alive on	4-27	10	60	hat death	occurred at	3 8	M from					
	dive on	2 200		5 1	nar deam	occorred at	A		n the causes treet, city or tow		tne dar		ed abave.
	ACTUAL /	Slaule	11	- chie	,	7	306	1.1	it. 1	0	4	4-2	11 -
	SIGNATURE	12000	7	, car		M.D	200			- <del></del>			20-29
	PHYSICIAN'S PAME (Type)	3. Stnaley	ohen				15	alle	mar 1	, M	d		
220	BURIAL, CREMATIC	ON, 226. DATE THEREC	f	22c. NAME OF	CEMETERY O	R CREMATORY		22d. LOCA	TION (City, town	, or county)		(Stot	•)
B	URMOXAL (Specify	5-1-59		Provi	dence	Cemeter			videnc				
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		THE STATE	240. REC'D	BY REGIST	RAR 24b. REC	GISTRAR'S S	IGNATUR	E	
W	m. Cook, J	Inc., 1217	St. F	aul Str	eet		DATE M	AY 1 .	'59	arthur	8. Ku	und.	

MAY 1

may be retained. The haspital or attending physician.

TO FUNERAL DIR. DR. After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

er death. Page 4

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs off VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4100

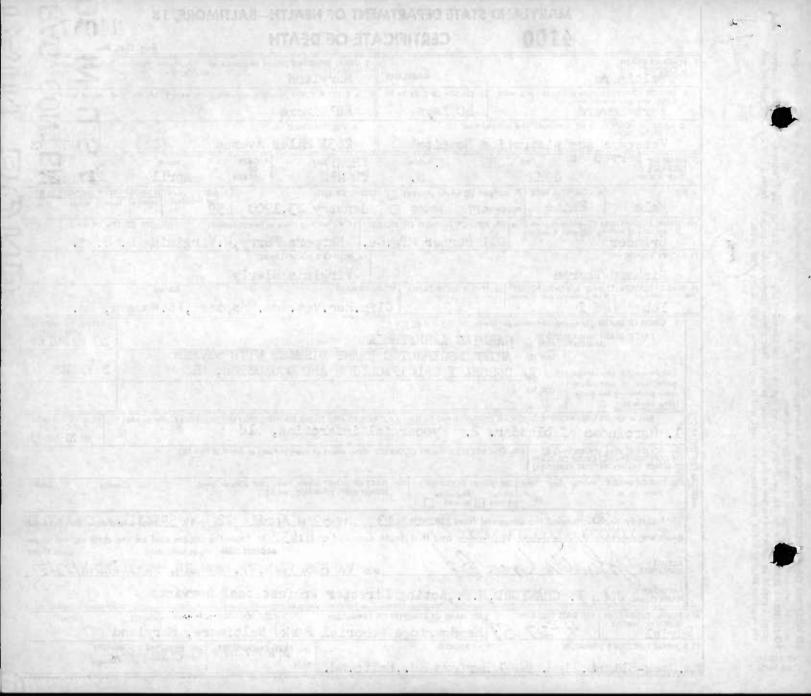
#### CERTIFICATE OF DEATH

04087

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Beltimo:	re	MARYLA	2. USUAL I	esidence (Where		If institution. COUNTY	n: Residence		ssion)
	f outside carporote limits, write	c. LENGTH OF STAY IN		OR TOWN (If outside	de comprete lie	nite meite PI	IPAL and air	un mannet tou	ml /
RURAL ond give ne	earest town)	40 Days		timore	se corporore in	3 1	1 / 2	L.	(II)
d. NAME OF HOSPITA	AL (If not in hospital, give street	1	d. STREE	T ADDRESS		7		e. IS RE	SIDENCE
OR INSTITUTION	s Administratio	n Hospital	263	l Miles A	venue	(	77)	ON	A FARM?
3. NAME OF SETVE	ed as contour				DATE		44/		
3. NAME OF PETVE DECEASED (Type or print)	JOHN JOHN	N M. Middle M.	THORP THORP		OF DEATH	Apri		Day 22	1959
5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF E	IRTH	9. AG	E (In years		YEAR IF UNI	DER 24 HRS.
Male	White widows	DIVORCED	□ Janua	ry 23,190	00 59	birthday) yrs.	Months D	oys Hours	Min.
10a. USUAL OCCUPATIO during most of work Grinder	DN (Give kind af work done 10b. ing life, even if retired)	kind of Business or 1 Burner Mf		HPLACE (State or for		ingini		S. A.	T COUNTRY?
13. FATHER'S NAME	101	1 Duriner III.		R'S MAIDEN NAM		ra gam	٠. ٢	D. 21.	
Richard	The same								
		SOCIAL SECURITY NO.	17. INFORMANT	ginia Bie	stry	Addre			
(Yes, no, or unknown)	If yes, give war ar dates of service)	SOCIAL SECURITI NO.		77					
	WW I		Clin.Rec	.Vet.Adm.	Hospit	al, Ft.	Howard	d, Md.	
	TH [Enter only one couse per lin							INTERVAL E	ETWEEN
		DIAC ARRHYT						10 MI	NUTES
420.0	DUE TO ART	ERIOSCLEROT	IC HEART	DISEASE V	VITH SE	VERIE			
Conditions, if or	y, which ) X, COR	ONARY CALCI	FICATION	AND OCCLU	USION,	OLD		2 YEA	RS
gove rise to in									
Lying cause lost.	ne under-						90.4		
Z PANT II. OTH	ER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERMINAL	DISEASE CONI	DITION GIVE	N IN PART 1	101 19 WAS	AUTOPSY
3 1. Carcin	oma of bladder.	2. Myocar	dial infa	rction, o	old			PERF	ORMED?
	S UNDERLYING   20b. DESC   CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCC	CURRED. (Enter natu	e of injury in Part	1 ar Port II of i	tem 18.)			
Y 20c. TIME OF INJURY	Y Month, Doy, Year 20d. In While at world	Not while	De. PLACE OF INJUI factory, street, o	Y (Home, form, 2 fice bldg., etc.)	Of. (City or tow	m)	(Co	unty)	(Stote)
21. I certify the	A A CARTENDED THE DECEASE	ed from March	73 10	59 to Apri	7 22	10 50	XXXXX	XXXXXX	YXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXX	XXXX	and the second	L. I. ED		., 17. dd.	#INU1-4-10	SF-90W-4NE	-04EGGF6
GING ONLINE		and mar a	eath occurred		RESS (Street, ci				ed above
ACTUAL (	La. 11/11	Mad	TTA						ALE SIGNEL
SIGNATURE	ny or yau	A Pro	M.D. <u>VA</u>	HOSPITAL,	FT. HO	VARD,	MARYLI	AND U/	2129_
PHYSICIAN'S JO	HN W. CRAWFORD,	M.D., Acting	Director	Profess	ional S	ervice	es		
220. BURIAL, CREMATION	N, 22b. DATE THEREOF	22c. NAME OF CEMETE	RY OR CREMATOR	22d	LOCATION (	ity, town, o	r county)	(Sto	ite)
Burial (Specify)	4-27-59	Meadowridge	e Memoria	l Park E	Baltimon	re, Ma	ryland	d	
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		24a. REGODBY		24b. REGIS	TRAR'S SIGN	NATURE	
Tim Cook Bis	ght. Inc. 6009	Hanford Rd	Balta Ma	MI II	- 1 33	Ciri	hun S. 1	Singeri	
THE PARTY OF THE P	sure mice only	DELL'ILLI	a Della le Carilla					100	

VS A15 (4) 15M 10/57



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

o. STATE

**CERTIFICATE OF DEATH** 

MARYLAND

c. LENGTH OF STAY IN 16

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

	()	4088
Reg.	Dist.	No.

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C		1	
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1. PLACE OF DEATH

b. CITY OR TOWN (If autside corporate limits, write

RURAL and give nearest tawn)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	ad in by	page 3 should be relached for use as the buriof transit petant. Then please remove carbon papers. Pages 1 and 2 show	
ted within 2	moletely fills	bers. Pages	
ote be execu	cion and car	carbon pag	s ofter death
eath certifica	ending obysi	ease remaye	thin 72 havr
is that the d	d by the offer	mit. Then pl	any event wi
law require	hysician.	Firansit per	of and in/c
ICIAN: The	attending pl	as the buria	an, ar rema
DING PHYS	haspital ar	ned for use	rial, crematic
OR ATTEN	ned the	d be Jeloch	prior to bur
O HOSPITAL	may be retained. The haspital or attending physician.	page 3 shaul	the registrar
T	F 41		

	NAME OF , DECEASED	4	First	Middle	<u> </u>	ost 4	DATE OF	Mont	th 1110	YES Day Ye
5.	(Type or print) SEX	6. COLOR OR RAC	ARRY TE 7. MARRIED	NEVER MARRIED	B. DATE OF BIJ	TH )	DEATH 9. A	GE (In years	IF UNDER I YE	
104	a. USUAL OCCUPATE	ON (Give kind of wo	rk done 10b. KIND	DIVORCED [ OF BUSINESS OR I		PLACE (State or	0	69 yrs.		OF WHAT C
	FATHER'S NAME	RIAN ER IN U. S. ARMED F	THURS	EY	14. MOTHER	A GNE	S OF	FUT		
	es, no. or upknown	(If yes, give war or dates		-30-728 S	WIFE-M	RS. LO:	TT18 7	Addr HURSE	V BAL	10.7.
		ATH [Enter only one ATH WAS CAUSED B IMMEDIATE CAUSE DUE	(o) ARC	, ,	-CBLOPH E	META	STASE	S	0	SET AND C
	Conditions, if gove rise to couse (o), stoting lying couse last	immediate DUE	(b)							
TIPICATION	20- ACCIDENT M	THER SIGNIFICANT CO		IBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINA	AL DISEASE CO	NDITION GIVE	EN IN PART 1(a)	19. WAS AU PERFORI YES
	OR CONTRIBUTION	C CALLET OF OTA	206. DESCRIBE	HOW INJURY OCC	URRED. (Enter noture	of injury in Por	t I ar Part II a	f item 18.)		
MEDICAL CERTI	20c. TIME OF INJU		Year 20d, INJURY	OCCURRED 20	URRED. (Enter nature de. PLACE OF INJURY factory, street, off	(Hame, farm,	t I ar Part II a		(Count	у)
MEDICAL	20c. TIME OF INJU Hour a. fl. p. m. 21. I certify t alive on	RY Month, Day,	Year 20d. INJURY White at work at the deceased fr	OCCURRED 20 Not white at work  om. 3/	PLACE OF INJURY factory, street, off	(Hame, farm, ice bldg., etc.)	20f. (City or 1	own)	that I last	saw the d
MEDICAL	20c. TIME OF INJU Haur a. fr. p. m. 21. I certify t alive on	Medical examine RY Month, Day,  that I attended the state of the state	Year 20d. INJURY White of work control of the deceased fr	OCCURRED 20 Nat while at wark and that do	PLACE OF INJURY factory, street, off	Home, form, ice bldg., etc.)  7, to 7  13/4/A	20f. (City or 1	own) 	,that I last nd on the c state) BALTON	saw the d
WEDICAL	20c. TIME OF INJU Hour a. fr. p. m.  21. I certify to alive on	Medical examine RY Month, Day,  1 hat I attended t  OW/M  ON, 22b. DATE THEI	Year 20d. INJURY White at work che deceased fr  - 19 5 1  REOF 224	OCCURRED 20 Nat while at wark and that do	eath occurred o	(Hame, farm, ice bldg., etc.)  7, to  AD  14 / / / / / / / / / / / / / / / / / / /	20f. (City or 1	e causes a city ar town, s	,that I last nd on the c state) BALTON	saw the dilate stated DAT

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THE REPORTED STATE OWALVEAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 4102 Reg. Dist. No with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY Filed b. COUNTY MARYLAND Baltimore County ARVICAN b. CITY OR TOWN (If outside corporate limits, write c, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Mt. Wilson, Maryland d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE or INSTITUTION Mt. Wilson State Hospital ON A FARM? Mt. YES NO IZ NAME OF Middle 4. DATE Month Year DECEASED (Type or print) 19 5 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HE OF BIRTH last birthday) Months WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? YAINTE WANCE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records . Mt . Wilson State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH DUE TO Canditions, if any, which (b) gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.) AEDI a. m Not while at work at work 21. I certify that I attended the deceased from \_\_\_\_\_, 19\_5, that I last saw the deceased and that death occurred at/D:IDKM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL P PHYSICIAN'S William Newcomer, M.D. Superintendent NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) page (Stole) REMOVAL (Specify) Buria] Loudon Park Cem Balto 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & # ...

	P-SHA10003	CERTIFICATION CERTIFICATION OF THE CERTIFICATION OF THE CASE
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		of Albeig Both has a Street of the Committee of the Commi

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N: The law requires that the death certificate be executed within 24 hours offer death. Page ding physician.	ate has been signed by the attending physician and campletely filled in by the functioned director, a burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with	(	M
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requir	n sign	ond i	
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A: N	ate h	rem	

TO HOSPITAL OR ATTENDINI
may be retained the hosp
TO FUNERAL DIRECTOR: After
page 3 should be detached the registrar prior to burial,

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film 0241, 4/13 CERTIFICATE OF DEATH

04090

Reg. Dist. No.

1. PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md . Baltimore
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Rosedale
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1301 ROSEWICK AVE.	d. STREET ADDRESS 1301 Rosewick Ave.  1302 Rosewick Ave.    Comparison of the compar
3. NAME OF DECEASED (Type or print) ALOYSIUS ALOIS LOUIS FRAN	IK TOMASCHKO Death April 5, 195919
	8. DATE OF BIRTH 11/18/1897  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  ret - tailor  Excello Coat  13. FATHER'S NAME  Anton Tomaschko	CO Baltimore, Md. U.S.A.  14. MOTHER'S MAIDEN NAME Ernestine Glaser
dv	NFORMANT Address izabeth Kiessling Tomaschko, wife, above
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse lost.  (c)  CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).]  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse lost.	eck ONSET AND DEATH ONSET AND
3 2 previous cerebral vascular	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  YES NO. (Enter noture of injury in Part 1 or Port II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
	accurred at IOP. M, fram the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D.
220. BURIAL, CREMATION, 22b, DATE THEREOF BALTO. NAT. C. Balto. Nat. C. Burial	R CREMATORY  Baltimore, Md. (Stote)
Charles E. Schimunek Funeral Home 3331 Brehms Lane	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATOR 9 '59 Carily & House

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF BEATH

04091

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DATE APR 1 6 '59

	4104	CEKTIFICA	AIE OF DEAL	П	Reg. Dist	. No.
1. PLACE OF DEATH O	sewood State 1	raining School	2. USUAL RESIDENCE (V			before admission)
Bal	timore	MARYLAND	o. STATE Mary	Land b. c	Ceci	1
b. CITY OR TOWN (I RURAL and give ne	f autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carparate limits,	write RURAL and gi	ve nearest town)
	s Maryland  AL (If not in hospital, give street	13 yrs.	Elkton, Mar	yland c	7x-2	
d. NAME OF HOSPIT	AL (If not in haspital, give stree	et address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	ate Training S	School	R.F.D. 1			YES NO
B. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year
(Type or print)	Arthur	George	Tweed	DEATH	4	13 19 5
. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I	AL J. A.	YEAR IF UNDER 24 HRS
Male	111111111111111111111111111111111111111	WED DIVORCED	7/7/35	23	yrs. Months E	Days Hours Min.
la. USUAL OCCUPATIO	ON (Give kind of work dane 10 ting life, even if retired)	b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stot	e ar fareign cauntry)	12. CITI2	EN OF WHAT COUNTR
		and the latest and th	Newark,	Delaware	U	S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Clinton R.	Tweed	Special Control	Sara May	Grant		
	R IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. I	INFORMANT		Address	
no	marga models	R.	osewood Recor	rds		
	TH [Enter only one cause per TH WAS CAUSED BY:	line far (a), (b), and (c).]	e0 - co-1	P	-0	INTERVAL BETWEEN
11614	IMMEDIATE CAUSE (a)	Curre one	2 -10	C Jorda	wero -	
47/ A	DUE TO	menus	- with	alse	200	
Canditians, if an	mmediate					
lying cause last.						
	J (c)	S CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	Albiai DISEASE CONDITI	ON CIVEN IN BART	V-110 WAS AUTORSY
PART II. OTH	en ordin lentin condition.	A COLVENO IN O DE AIM BOT	NOT KEENTED TO THE TEKN	WINAL DISEASE CONDITI	ON GIVEN IN PAKI	PERFORMED?
1 200 ACCIDENT WA	S UNDERLYING TI 20h DI	ESCRIBE HOW INJURY OCCURRE	D /Enter nature of injury in	Part Lac Part II of item	19.1	YES NO
✓ OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	SERVE HOW HOURT OCCURRE	D. (Ellier halore or injory in	Tun Torrun II or Hein	10.)	
Z 20c. TIME OF INJUR		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, far	m 206 (City or town)	10-	
Havr a.m.	Whil	le Not while fo	ctary, street, affice bldg., et	lc.)	(Co	unty) (State)
	Jul W	ork of work		1/20/50		
21. I certify the	at I attended the deced		, 19, ta			ist saw the decease
alive an1/]	13/59	, and that death	accurred at 10:20			
ACTUAL ()	1 11 810	1 2 Pallo	Logist 112	ADDRESS (Street, city o	r tawn, state)	DATE SIGNE
SIGNATURE U 2	A W. NRO	0-2	M.D. ( 430	) / Man-4	eld the	4/13/59
PHYSICIAN'S PR	Her W. Ri	select	Ba	lt-ne!	4 Md	
22a. BURIAL, CREMATION	N. 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City.	tawn, ar county)	(State)
removal	14/16/195	9 St. Johns Ce	metery	Lewinie	ele.	Pa.
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	240. REC	D BY REGISTRAR 24	b. REGISTRAR'S SIGN	ATURE

may be retained be haspital or attending physicion.

TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and completely filled in by the physician director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, or remover and 18 any event within 72 hours ofter death. death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer VS A15 (4) 15M 10/57

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### **CERTIFICATE OF DEATH**

04092

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Rea.	Dist.			

1. PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	- CTATE	DENCE (Wh Maryl		l lived. If institut b. COUNTY		nce befo	ore admiss	ion)
b. CITY OR TOWN ( RURAL and give n	(If autside carporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR 1	TOWN (If o	utside corpo	rate limits, write l	RURAL and	give ne	arest tawn	1)
Fort Ho			60 Days	4	Bal	timor	е	3	VO	1-4	1	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	jive street	address)		d. STREET A	DDRESS					e. IS RES	FARM?
	s Administr	ratio	n Hospital		707	E. 30	th St	reet				NO X
3. NAME OF DECEASED	Fie	st	Middle	e	Los	it	4. DATE	Ma	nth	Do	ру	Year
(Type ar print)	GEOR		(NMI)		WAGNER		DEATH	APRIL	14			19 59
5. SEX	6. COLOR OR RACE	7. MARE	NEVER MARR	IED 🔲	B. DATE OF BIRT	Н		9. AGE (In years last birthday)				ER 24 HRS.
Male	White	WIDOW	ED DIVORCI	ED 🔲	12/3/1	.890		68 yrs.	Months	Doys	Haurs	Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work	dane 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	ACE (State	ar foreign co	ountry)	12. C	TIZEN C	OF WHAT	COUNTRY
Laborer	and me, even a remed		onstructio				Mary!		U	.S.A		
13. FATHER'S NAME				1000	14. MOTHER'S							
Char	les Wagner				Bar	bara	Aroul	ld				
	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	D. 17. 19	VIORMANT				lress			
Yes	MAI				n.Record	is, Vet	ts.Adm	.Hospita	1,Ft.	Howa	ard, N	/d.
	ATH [Enter anly one co			.]						ON	ERVAL BE	DEATH
PARI I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		EMIA							4	Days	5
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Canditians, if a		, RJ	GHT NEPHRI	ECTOM	Y Y					6	Days	3
gave rise to i		AF	RTERIOSCLE	ROTIC	CARDIO	VASCUI	LAR DI	SEASE WI	TH			
lying cause last.		M	TOCARDTAL I	INFAF	CTION					U	nknow	m
PART II. OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(a)	9. WAS	AUTOPSY RMED?
3 THROMBOSIS	S, MIDDLE CE	REBRA	L ARTERY,	OLD, C	HR. CHR	ONIC H	PULMON	ARY EMPH	YSEM	1.		NO M
PART II. OTI THROMBOSIS 20%. ACCIDENT UNION OR CONTRIBUTING (If EITHER, NOTIFY	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRED	). (Enter nature a	f injury in P	Part I ar Part	II af item 18.)	43			
	RY Manth, Day, Yes	or 20d. It	NJURY OCCURRED	20e. PL/	CE OF INJURY f	Home, farm,	, 20f. (City	ar tawn)		(County)		(State)
20c. TIME OF INJUR Hour a. m. p. m.	19	While of war	Nat while	fac	tary, street, affice	bldg., etc.	)					
	hat/Vattended the				3.2 2050	. A.		11 ٢0				
MUNICIPALICIES		CORDO	cococ and that	death	accurred at			the causes ( reet, city ar town,		he da		ed abave ATE SIGNE
ACTUAL	(1) HAT 3	7 1	or me	1	VA			ARD, MAR		)	4/11	1/59
SIGNATURE	C CH C C	ing	00011	V	W.D							7/ //
PHYSICIAN'S NAME (Type)	OTTO C. BE	YER,	M.D.		VAH	FOR	T HOW	ARD. MAR	YLAND		4/1	4/59
220. BURIAL, CREMATIC	ON, 226. DATE THEREC	F	22c. NAME OF CEM	ETERY OF	CREMATORY		22d. LOCAT	ION (City, tawn,	ar caunty)		(State	e)
REMOVAL (Specify)	4-18-	59	Holy Rede	emer	Cemeter	v	4430 1	Belair R	d. Ba	ltin	nore.	Md.
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS				BY REGISTI		STRAR'S SI			
Leonard J.	Buck 5305 1	Harfo	rd Rd. Bal	Ltimo	re.Md.	DATEPR	2 0 159	Oxi	1 . 0 .	4		

**D FUNERAL DIRE**: After this certificate has been signed by the attending physicion and completely filled in by the page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers, Pages 1 and 2 shother registrar prior to buriol, cremation, or removal, and in any event within 72 hours ofter death. ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours off TO FUNERAL DIRE VS A15 (4) 1SM 10/57

death: Page 4 eral director, uld be filed with

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4106 CERTIFICATE OF DEATH

()4093 Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Manuagan b. COUNTY  Baltimone
)	b. CITY OR TOWN (If ausside corporate limits, write RURAL and give nagrest town)	c. CITY OR TOWN (IPoutside carporale limits, write RURAL and give nearest town)  × Parkville
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3209 Texas Avenue	d. STREET ADDRESS  3209 Texas Avenue  on a farm?  yes \( \text{No Black} \)
	3. NAME OF DECEASED (Type or print) Mrs. Birdie Viola W	areheim 4. DATE Month Day Year OF DEATH April 10th 19 59
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (In yours   IF UNDER 1 YEAR IF UNDER 24 HRS.    Apr. 15, 1874  9. AGE (In yours   IF UNDER 1 YEAR IF UNDER 24 HRS.    Months   Doys   Hours   Min.    84 yrs.
	18a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Housewaye	Maryland 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Samuel Hottacker	Sarah Caltrider
	IVes no or unknown) . Ill was nive war or dates of service)	rs. Charles Vavrina 3209 Texas Ave
V	Conditions, if any, which gove rise to immediate couse (o), stating the under-	INTERVAL BETWEEN ONSET AND DEATH  3 A
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  CALLED  200. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  VES   NO
		D. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Hour o. m. While Not white of work of work	ACE OF INJURY (Home, form. 20f. (City ar town) (County) (State) tory, street, office bldg., etc.)
1	21. I certify that I attended the deceased from Annalysis and that death  ACTUAL SIGNATURE SULLION ANNALYSICIAN'S S. Elliot Harris	accurred at 3-3-1.M, fram the causes and an the date stated abave.  ADDRESS (Street, city or town, stole)  DATE SIGNED  M.D. STOD Harfal Ld. 4-11-05  Ballo 14 had
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O Trinity R	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard J. Ruck 5305 Harford Roa	d #14 DATE APR 1 4 '59 Continue & House

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9 Film G241 4/9/59 FC y CERTIFICATE OF DEATH

()4094 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Marvl		If institution	n: Residence befo Baltir	
RURAL and give nearest town)	H OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate lin	nits, write RU		
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 101 S. Prospect Ave.	yrs	d. STREET ADDRESS		ve.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) THEODORE	Middle W	EBSTER	4. DATE OF DEATH	April	Do 2	Yeor
5. SEX Male  6. COLOR OR RACE 7. MARRIED NE WIDOWED		uly 1, 1877	9. AG lost	birthdoy)	Months Doys	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  At home  13. FATHER'S NAME	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole  Cecil Co.  14. MOTHER'S MAIDEN N	., Maryl	and	USA	F WHAT COUNT
William Webster			Haines			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or doles of service) $No$		Florence	F. Yari	Addres		th St.
18. CAUSE OF DEATH [Enter only one cause per line for (o), ( PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate cause (o), slating the under- lying cause last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	many morele	insufficient card	ency Lovosen INAL DISEASE CON	lor d	esecu	P. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	V INJURY OCCURRED	). (Enter nature of injury in f	Port I or Part II of i	tem 18.)		PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not work of work of work	while foc	CE OF INJURY (Home, form tory, street, office bldg., etc.	, 20f. (City or tow	/n)	(County)	(Stote
ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) James E. Rowe	) we	10. 715 Bas	ADDRESS (Street, ci	causes arrive or tawn, si	nd on the do	DATE SIGN
Burial 4/4/1959 Gova		byterian Cer		timor	e Ma	ryland
23. EINSEAN DIRECTOR'S SIGNATURE ADDITION TO THE PROPERTY AND ADDITION OF THE PROPERTY ADDITION OF THE PROPERTY AND ADDITION OF THE PROPERTY ADDITION O			D BY REGISTRAR		TRAR'S SIGNATUR	

# CERTIFICATE OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4108 **CERTIFICATE OF DEATH** Rea. Dist. No il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE, (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) -Q G d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF Middle DATE Month Year Day DECEASED (Type or print) h DEATH 19 8. COLOR OR RACE 17. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Manths Hours WIDOWED DIVORCED J yrs. 10a. USHAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State-or foreign country) 12. CITIZEN OF WHAT COUNTRY? duting most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EYET IN U. S. ARMED FORCES? 16. SOCIÁL SECURITY NO. 17. INFORMAN Address 0 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (o) 10 MINVIE DUE TO by KRDIOVAJOULAR 70 YENGS Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? burial YES 🗍 NO [7 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m While Nat while at work at wark PRIL 1948, 10 RIL 9 19 59, that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at \_\_\_\_\_\_\_\_M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 732 be DIRE 0 PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county), (State) REMOVAL (Specify) the FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A15 (4) anthur & Hours 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04096

Reg. Dist. No 1 PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) o. COUNTY b. COUNTY Prince George's Maryland Baltimore MARYLAND b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3yr5mth16dys West Hyattsville, Maryland Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 3546 Madison Street SPRING GROVE STATE HOSPITAL YES NO NAME OF First Middle 4. DATE Day Month Year DECEASED OF 1959 Olof April (Type or print) Bruno Wessberg 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 5. SEX IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months white male WIDOWED T DIVORCED | January yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A. construction Sweden bricklayer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Olof Wessberg Greta? (Unknown) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address HOSPITAL Records: SPRING GROVE STATE Unknown 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN G TO DEATH BUT NOT RE PERFORMED? 20g. EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. LEnter nature of injury in Port I or Port I pof item 18.] Month, Day, Year 20d. INJURY OCCURRED 20 PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town) (County) (State) Sectory, street, office bldg., etc.) While Not while Not while 21. I certify that I took charge of the remains described above, held an Autopsy [1] Inspection [7]. Inquiry Accident Suicide Homicide Undetermined cause death resulted from: Natural causes , DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 4-7-59 **EXAMINER'S** George M. Kieffer. NAME (Type) DEPUTY MEDICAL EXAMINER 173-220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Colmar Manor, Pr. Geo. Co., Md. /11/1959 Fort Lincoln Cemetery Burial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Orthug S. House

VS. A15ME(5) 5M 9/55

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Contact Contact	

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age 4 shauld be		ta burial, crematian,
ve Pages 1, 2, and 3 to the funeral direct	Page 5 may be retained far your files.	File pages I and 2 with the registrar priar
writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 shauld be	Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.	SIRECTOR: Page 3 should be used as a buriof-transit permit. File pages 1 and 2 with the registrar priar ta burial, crematian,

cute the certification forwarded to TO FUNERAL DI ar remaval. 5M 9/55

VS. A15ME(5)

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4097 Reg. Dist. No.

PLACE OF DEATH a. COUNTY Baltimore MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution, Reside	
	ator .	Balto
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neorest town)
rural-Baltimore 7yrs	X rural- Baltimore	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	2216 1633200 100 31	YES NO
	2316 Miller Ave 14	Lita 🗆 140 🔊
DECEASED First Middle	Last 4. DATE Month	Day Year
(Type or print) LINA V WHE		19 59
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	
female white widowed Divorced		Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITI.	ZEN OF WHAT COUNTRY
during most of working life, even if retired)	20 20 20 20 20 20 20 20 20 20 20 20 20 2	a
Housework  3. FATHER'S NAME		S
3. PAINER 3 NAME	14. MOTHER'S MAIDEN NAME	
John Imhoff.	Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 Yes, no, or unknown) 1 (If yes, give war or dates of service)	. INFORMANT Address	
	ir Gordon Wheeler 2316 Miller Av	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	Hemmorrage	
IMMEDIATE CAUSE (o)	Mennortage .	inst
443X DUE TO		
Conditions, if any, which) (b) Hypertens	ive Cardiovascular Disease	undet
gave rise to immediate cause		
(o), storing the underlying	Tomosta	34
		unet
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	. (Enter noture of injury in Port I or Port II of item 18.)	
	PLACE OF INJURY (Home, form, 120f. (City or town) (Cou	nty) (Stote)
	octory, street, office bldg., etc.)	(31016)
21. I certify that I took charge of the remains described a	bave, held an Autapsy 🔲, Inspection 🏝, Inquir	y and find tha
death resulted from: Natural causes , Accident , S	Suicide , Hamicide , Undetermined cause	
ACTUAL MANOR ( ) NA	CHEF HERICAL EVANDARY [7]	DATE SIGNED
ACTUAL SIGNATURE OLY	M.D. CHIEF MEDICAL EXAMINER	
EXAMINER'S	ASSISTANT MEDICAL EXAMINER	
NAME (Type) John C Hyle MD	DEPUTY MEDICAL EXAMINER 2	-59
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify) 4-22-59 WOODL AL		
S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NIATURE .
austin E. Donovan - 3818 Rolan	d ave DATE APR 23 59 arilly 2	. / Flatte

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Ineral director,

death: Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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4111	CERTIFICA	ATE OF DEATH	1		Reg. Dist. No	4 () J ()	)
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased l	ived. If institution b. COUNTY	n: Residence bef		on)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glyndon	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		e limits, write R	URAL ond give ne	earest tawn)	
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Bowers Lane	ddress)	d. STREET ADDRESS Bowers	Lane			e. IS RESIE ON A F YES	FARM?
		itcomb	4. DATE OF DEATH	April	27,195		eor 9
Male White WIDOWE	D DITOKCED	July 13,18		AGE (In years lost bythday) yrs.	Months Days	Hours Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired) Truck criver	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Maryland		ntry)	12. CITIZEN		COUNTRY
13. FATHER'S NAME William Whitcomb		14. MOTHER'S MAIDEN N		sler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S  (Yes. no. Pruphpun) (If yes, one and or defect of service)		rs.L.C.Mari	e Whit	comb, G		,Md.	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(d), (b), and (c).	al Hen	rorr	hag		SET AND	
Conditions, if ony, which gave rise to immediate couse (o), staling the under-	typent	enzyor -	مرحاد	-se	ned to	Ra	ist.
lying couse lost. (c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE C	CONDITION GIV	EN IN PART 1(0)	PERFOR	
OR CONTRIBUTING LI CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	Port I or Port II	of item 18.)		130	NO []
20c. TIME OF INJURY Month, Day Year 20d. IN. Hour a.m. p. m. 19 of work	_ Not while _ fa	ACE OF INJURY (Home, form, clary, street, office bldg., etc.	20f. (City or	town)	(County)		(Stote)
21. I certify that I attended the decease alive on \$7.19		, 193 D, to 44				ote stoted	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after After this certificate has been signed by the attending physician and the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after de detached far use as the burial-transit page 3 should be may be retained TO FUNERAL DIR

TO HOSPITAL OR VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE J.F. Eline & Sons, Reisterstown, Md.

BURIAL, CREMATION, 22b. DATE THEREOF

Method 24g. REC'D BY REGISTRAR

22d. LOCATION (City, Iown, or county)

24b. REGISTRAR'S SIGNATURE

arthur & House

DATE APR 2 9 '59

	HEATED STATES	AUTHAM)	
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	N. House to the color		1166

MARYLAND S	TATE DEPARTM	ENT OF HEALTH—BALTIMOR	, 18
4112	CERTIFICA	ATE OF DEATH	R
1		2. USUAL RESIDENCE (Where deceased lived. If in a. STATE	stitution:

04099

	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
BALTO, MARYLAND	MANUANO BRITA
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
RURAL -WOOCLAWN / YEARS	X BALTO. 16
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 3555 Flannery Lane e. IS RESIDENCE ON A FARM?
3555 FLANNERY LANE	YES NO [
3. NAME OF DECEASED (Type or print)  LEONIA ADELE	Lost 4. DATE Month Day Year OF DEATH 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min
WIDOWED DIVORCED	001. 3, 1887 7/ yrs.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY
HOUSEWICE HOUSEWIFE	MARYLAND VIS.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEARGE W. MYERS	MARY AS HERIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address 8828 61BERT
NO interlands D	AUGATER-MAS LYERMOHIE BALTO
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARUENDMA	OFPANOREAS CADERNAMA ONSET AND DEATH
157 X DUE TO	+63/3
Conditions if any which )	
gave rise to immediate	
lying cause last.	
	F NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
AAA	PERFORMED?
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
Haur o. ft.    While   Not while   fo	ctary, street, affice bldg., etc.)
21. I certify that I attended the deceased from TUN	15 14 10 5/4. ARDIA 1 13
4	1927, to 1927, that I last saw the deceased
alive on 1961 and that death	ADDRESS (Street, city or fown, state)  ADDRESS (Street, city or fown, state)
SIGNATURE Godisin Husbant	ADDRESS (Street, city or town, state)  DATE SIGNED
SIGNATURE ( )	M.D
PHYSICIAN'S EDWIN L. PIERPONT	PALTO, 7, MX
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 1/3/59 Woodlawn Ce	m. Woodlawn, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Mm. J. Vickener & Hours - Novel	2. DATE APR 2 159 Chilary of through

At any and the	HTARO RO STA	CERTIFIC	
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			The Country of the Co
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23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DAPR 1 3 '59

Cirthury S. Krays

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Doy

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🗍

(County)

NO X

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY

e. IS RESIDENCE

ON A FARM? YES NO

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	CERTIFICATE OF DEATH	ee .	
	Edward Partie		CH
	CARL THE GALL	1244 50182 6	
		Tache Harry	
	A CONTRACTOR OF STREET		
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	Version Charles and April 1981 (A. S.)		
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CERTIFICATE OF DEATH directar Fled wit PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY at o. STAJE b. CQUNTY eral CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 16 straide carporote limits, write RURAL and give nearest fawn RURAL and give neorest tawn) should d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION . by 1 puo 2 NAME OF 4. DATE Middle Last Manth filled DECEASED Pages DEATH (Type ar print) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH completely lost birthday) WIDOWED M DIVORCED [ papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country during most of working life even if retired) death during mast af warking life, even if retired) puo LL pon a after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME a Car please remove c physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT Address 16. SOCIAL SECURITY NO attending No None please 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY Then IMMEDIATE CAUSE (o) the Hododo DUE TO þ permit. ony Canditions, if any, which gned gave rise to immediate **DUE TO** cause (a), stoting the underhas been si burial-tronsit and lying couse lost. physicion. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY pyomen ottending 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) certificate OR CONTRIBUTING | CAUSE OF DEATH os the 20 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20f. (City ar tawn) Manth. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20 Use factory, street, affice bldg., etc.) Haur o. m. While Not while at wark ot wark p. m. for After 21. I certify that I attended the deceased from that I last saw the deceased detached and that death accurred at 12 30 PM, from the causes and on the date stated above. alive an ADDRESS (Street, city ar tawn, state) FUNERAL DIRECT ACTUAL SIGNATURE prior pe 3 shauld registrar PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar caunty) page REMOVAL (Specify) he 11959 Mecklenburg Co., N. C. Providence Cemetery Buria. 10 23. PUTTERAL DIRECTOR'S SIGNATURE RESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Liberty Hghts. Ave.

DATE.

Armacost-4600

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No

Manths

e. IS RESIDENCE

Day

Days

ON A FARM?

YES NO

Yeor

19

Haurs

INTERVAL BETWEEN

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

ONSET

(Caunty)

12. CITIZEN OF WHAT COUNTRY?

executed within 24 haurs af that the death certificate requires VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4114

**CERTIFICATE OF DEATH** 

04103

Reg. Dist. No.

1, PLACE OF DEATH a. COUNTY	Baltimore		MARY		USUAL RESIDENCE  o. STATE  Ma	(Where decease aryland	ed lived. If institu b. COUNT		e before od imore	imission)
RURAL and give ne Catonsvil d NAME OF HOSPIT	Te AL (If not in hospital, a		Lyr23dys	IN 1b	c. CITY OR TOWN  2233 St d. STREET ADDRESS	t. Luke		Balto	e e. IS	RESIDENCE
SPRING GF	OVE STATE	HOSE	PITAL		2233 S	t. Luke	s Lane			N A FARM?
3. NAME OF DECEASED (Type or print)	James		Middle		Willis	4. DATE OF DEATE		28	Day	Year 19 59
5. SEX male	6. COLOR OR RACE white	7. MARRIE		_	July 2,	1884	9. AGE (In years last birthday) 74 yrs	Months	YEAR IF U	NDER 24 HRS.
	ON (Give kind of work cing life, even if retired In Carpent		Retire		Virgin		country)		S. A	HAT COUNTRY?
13. FATHER'S NAME				1.	. MOTHER'S MAIDE					
	nown Edris		Willis	law mise		Unknown	Elizabe		mRag	land
1S. WAS DECEASED EVE (Yes. no. of Whygown) Unknown	R IN U. S. ARMED FOR (If yes, give war or dates of s		17-05-59 nknown	77		PRING		TA TE	HOSPI	TAL
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (a	Acr	for (o). (b). and (c).		lure				INTERVA ONSET A	L BETWEEN
1422.1	DUE TO									
Conditions, if a gave rise to i cause (o), stoting	mmediate (	1	terioscle	rotic	cardiovas	cular d	isease			
lying cause last.	) (c		terioscle						1	
PART II. OTH	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DE	ATH BUT NO	RELATED TO THE TI	ERMINAL DISEA	SE CONDITION G	IVEN IN PART	PE	REFORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	NBE HOW INJURY O	CCURRED. (E	nter nature of injury	y in Part I or Po	art II of item 18.)			
20c, TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	20d. INJ While at work	Not white	20e. PLACE factory	OF INJURY (Home, , street, office bldg.,	form, 20f. (Ci	ty or town)	(C	ounty)	(State)
21. I certify th	at I attended the	deceased		ril 26		April				the deceased
actual			liver	death ac	curred at 2:5 SPRING		Street, city or town			tated abave DATE SIGNED 28-59
	Stella W <sub>a</sub> ch	nsler,	M. D.		Catonsv	ille 28	, Maryla	nd		
22a. BURIAL, CREMATIO REMOVAL (Specify)	45557		22c. NAME OF CEM		EMATORY	22d. LOC	ATION (City, town	, or county)		(State)
Burial 23. FUNERAL DIRECTOR		959	Woodlav ADDRESS	m	104=	REC'D BY REGI	odlawn	SISTRAR'S SIG	NATURE	<u>id.</u>
achus 7	Slans	hu	21911	Vinds	,	APR 29		rithun S.		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4115

### **CERTIFICATE OF DEATH**

()4104 Reg. Dist. No.

1. PLACE OF D				0	SUAL RESIDENCE	(Where deceas	ed lived. If institut b. COUNTY		e before ad	mission)
	Baltimore		MARYLA	ND	Mary	land	b. COURT	=		
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY IN	16 0	c. CITY OR TOWN (If outside corporate limits, write RURAL onc				I give nearest town)	
	t Howard	32 Days		Baltimore 3 Vol-4						
d. NAME OF	F HOSPITAL (If not in hospital, of	give street a	eddress)		S. STREET ADDRESS	S				RESIDENCE N A FARM?
	cans Administra	tion	Hospital		1621	N. Gil	mor Street	et		NO 💽
3. NAME OF DECEASED	Fi	st	Middle		Lost	4. DATE OF	Mo	nth	Doy	Year
(Type or prin	TATT	ANTEL			ILLIS	DEATH	- Apri	L	9	19 59
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years lost birthday)			NDER 24 HRS.
Male	Colored	1			gust 26,		12 yrs.	Months !	Days Hou	urs Min.
10a. USUAL OC	CUPATION (Give kind of work of working life, even if retired	done 10b. 1	(IND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (SI	tote or foreign	country)	12. CITIZ	ZEN OF WH	HAT COUNTRY?
	alesman		Novelty Co.		Prince	George	Co. Vir	rinia	U.S.	A
13. FATHER'S N				14.	MOTHER'S MAIDE			3		
G.	tephen Willis				Miner	a Field	le			
15. WAS DECE	SEDEVER IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	17. INFOR		et 1 250 250		fress		
Yes, no, or unknow	(If yes, give wor or dotes of s	ervice		Clin.	Rec. V	eterans	Adm. Hos	spital	.Ft.Ho	ward. Md
18. CAUSE	Yes WW I — Clin. Rec., Veterans Adm. Hospital, Ft. Howard, Md  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]									
PAR	PART I. DEATH WAS CAUSED BY: A TRANSPORTATION AND TRANSPORTATION							ONSET	NOWN	
1777	177X IMMEDIATE CAUSE (o) ADENOCARCINONA OF PROSTATE									
Conditio	Conditions, if ony, which ) (b)									
gave ris	e to immediate								-	
	Living course lost									
	T II. OTHER SIGNIFICANT CON		ONTRIBUTING TO DEATH	RUI NOT	PELATED TO THE TE	PAINA! DISEA	SE CONDITION OF	VENT INI DART	1/a1 10 W/	AS ALITOPSY
OFA		21110113	ONTRIBUTING TO BEATT	LUCI NOT	CENTED TO THE TE	KMIINAL DISLA	SE COMBINON GI	VEIN IIN PAKI	PER	RFORMED?
20g ACCIE	PENT WAS LINDERLYING TO	20h DESC	RIBE HOW INJURY OCCU	IDDED (Eat	er natura of injury	in Past I as Pa	es tt of item 10 t		YES .	№ ПО
PAR OF YOUR ACCIE OR CONTR (IF EITHER,	DENT WAS UNDERLYING DIBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	200. 0230	KIDE HOW HOOK! OCCU	JAKED. (EIII	er notore of injury	m ron ror ro	iri ii or tiem 16.)			
	OF INJURY Month, Day, Ye	or 20d IN	JURY OCCURRED 20e	PLACE O	F INJURY (Home, i	form 20f (Cit	ly or town)	IC.	ounty)	(State)
	o. m.	While	Not while		treet, office bldg.,		,, 6, 10411,	100	Jonlyj	(sidie)
	p. m.	ot work								
21. I cer	21. I certify that Kattended the deceased from March 8 , 19 59, to April 9 , 19 59, that beet something the deceased from March 8 , 19 59, to April 9 , 19 59, that beet something the deceased from March 8 , 19 59, to April 9 , 19 59, the best something the deceased from March 8 , 19 59, to April 9 , 19 59, the best something the deceased from March 8 , 19 59, to April 9 , 19 59, the best something the deceased from March 8 , 19 59, to April 9 , 19 59, the best something the deceased from March 8 , 19 59, to April 9 , 19 59, the best something the deceased from March 8 , 19 59, to April 9 , 19 59, to									
CHINEKON	allyexpressions and on the dote stoted above.									
	ADDRESS (Street, city ar town, stote)  DATE SIGNED									
SIGNATURE	Je hn &	UC	multera	M.D.	VAH Ft	Howar	d. Md			4/10/59
PHYSICIAN	re									
NAME (Typ		RAWFOR	PD. M.D.		VAH_	Ft Howa	rd, Mary	land		
	REMATION, 226. DATE THEREC	F	22c. NAME OF CEMETER	RY OR CRE			ATION (City, town,		(5	otote)
REMOVAL Buris		1959	Baltimore	Natio	nal		ltimore,		and	
23. FUNERAL DI	RECTOR'S AJONATURE	VHon			ender the R	EC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	NATURE	
Hollar	d Funeral Home	1631				PR 1 4 '5	9 ani	hun S. 18	raus	

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### \*MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3939

### **CERTIFICATE OF DEATH**

()4105 Reg. Dist. No.

PLACE OF DEATH	altimore	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived	. If institution b. COUNTY	n: Residence befor	re odmission) OPE
B. CITY OR TOWN (	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		nits, write RU	RAL and give nea	rest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Park Ave  1804 Park Ave.						e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	JOHN JOSEP	H WOLF JR.	Last	4. DATE OF DEATH	pr.12	,1959	Yeor
S. SEX Male	White widow	اسا	Nov.3,190	l		Months Doys	Hours Min.
STOCK CI	ON (Give kind of work done life even if retired)  B	kind of Business or Indu		Company of the Compan		12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME  John	J. Wolf		14. MOTHER'S MAIDEN Minnie	A. Str	ube		A PANE
15. WAS DECEASED EVI (Yes. no. or unknown)	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addre	55	
gove rise to income to inc		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE CON	DITION GIVE	N IN PART 1(a)	P. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJUS Hour o. m. p. m.	Y Month, Day, Year 20d. 1 While of wor	Not while fo	ACE OF INJURY (Home, formationy, street, office bldg., etc.	n, 20f. (City or tov	rn)	(County)	(State)
21. I certify the olive on O	TEAR	0	1957, ta C n accurred at 957 M.D. 4001	FM, from the ADDRESS (Sices, ci	causes an	d on the dat	w the decease e stated above DATE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify)	h 4 4-	22c. NAME OF CEMETERY O		22d. LOCATION (C		county)	(Stote)
23. FUNERAL DIRECTOR		ADDRESS Bar	24a. REC*	D BY REGISTRAR	24b. REGIST	Md RAR'S SIGNATUR	E
Howard H	.Hubbard 4107	Wilkens Av	C. DATE	DR 1 6 '50	10		

### CERTIFICATE OF DEATH

Ballimore
naie horpe
1804 Park Ave
JOHN JOSEPH WOLF UR.
Wale White warm
Stock Cleark Beth Steel C
John J. Wolf
Burtal 4/15/59 Loudon Par
Howard H. Hubbard 4107 Wilkens Av

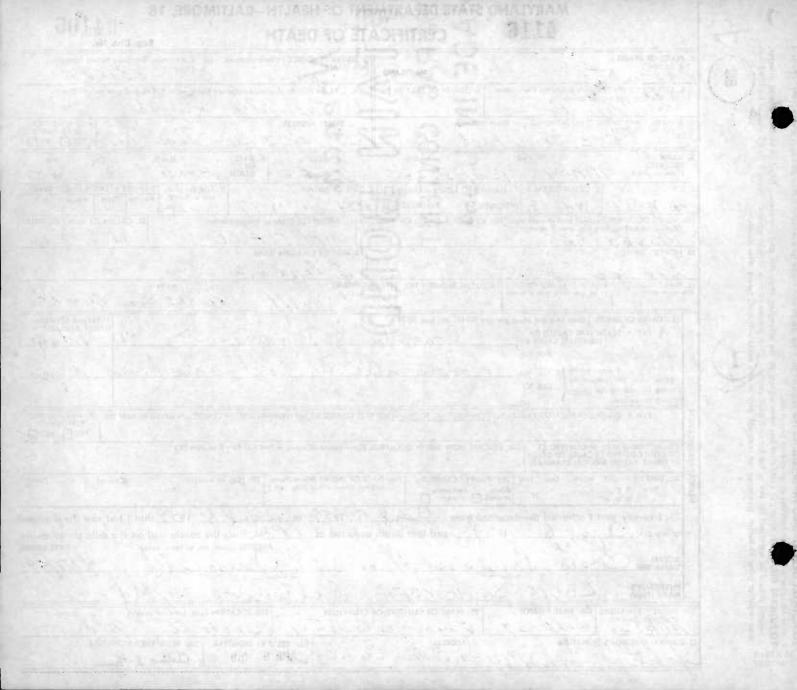
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4116

**CERTIFICATE OF DEATH** 

()4106 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY, MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY 3.6.6.7
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  54 Middle Russ
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  Sold 383 Grose Mack Qd, e. IS RESIDENCE ON A FARM? YES   NO
3. NAME OF DECEASED (Type or print) MARY ISABELLE	Lost 4. DATE Month Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	ED B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Iss birthday)   Months   David House   Miss
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  DIVORCEI  10b. KIND OF BUSINESS O	R INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY:
HOUSEWIFE  13. FATHER'S NAME	MARYLAND U.S.A.
George York	Elizabeth?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	17. INFORMANT GOL SES Gorse Mek Rd,
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
422.1 DUE TO CT	O + C /
Conditions, if ony, which gave rise to immediate cause (o), stating the <u>under-lying cause lost.</u> Conditions, if ony, which (b)  (b)  DUE TO  (c)	scheric Cardio Vasc. dislay 1090s
	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED? YES NO []
OR CONTRIBUTING LI CAUSE OF DEATH	CCURRED. (Enter nature of injury in Part I or Part II of item 1B.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at wark at work	20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) (City ar tawn) (County) (State)
21. I certify that I attended the deceased fram.	5, 1958, to Com 6, 1959, that I last saw the deceased
ACTUAL COOK	death accurred atM, from the causes and an the date stated above  ADDRESS (Street, city or tawn, state)  DATE SIGNED
PHYSICIAN'S LOUIS SEYENDA	== BOTI ====================================
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEME	ETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS.	ges Cemeling Bulto, Co. Mds  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
som M. Connelly 418 Gaster	William S. Hause



TO FUNERAL page VS A15 (4) 15M 10/57

requires that the deoth certificate

REMOYAL (Specify) Burial

23. FUNERAL DIRECTOR'S SIGNATURE

J.F. Eline & Sons, Reisterstown, Md.

22c. NAME OF CEMETERY OR CREMATORY Emory Cemetery

22d. LOCATION (City, town, or county) Baltimore County, Md

24a. REC'D BY REGISTRAR DATE APR 1 4 '59

24b. REGISTRAR'S SIGNATURE Circhay & Kraus

ON A FARM?

YES NO

Yeor

19

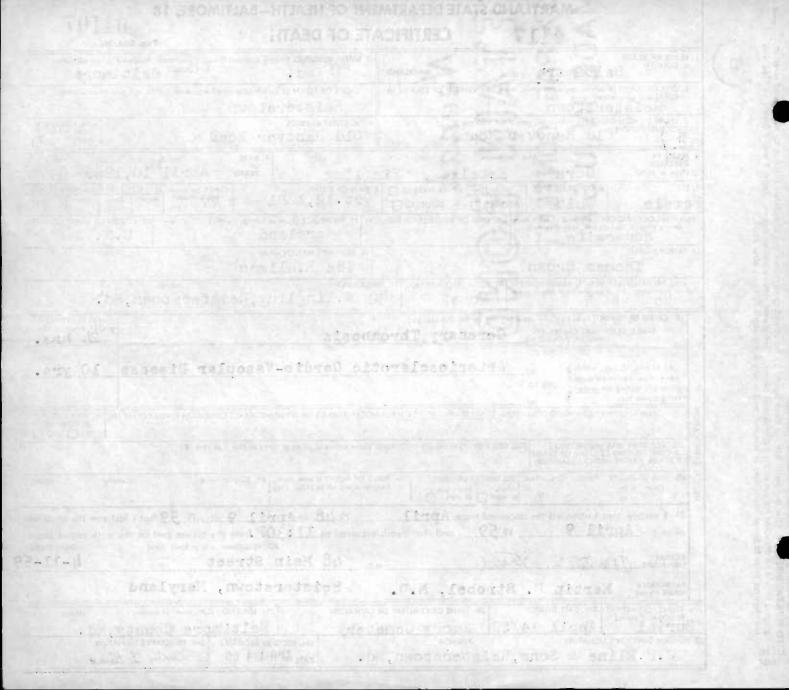
PERFORMED? YES NO

(Stole)

DATE SIGNED

(State)

Day



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4113

**CERTIFICATE OF DEATH** 

04108

Reg. Dist. No.

	1. PLACE OF DEATH  o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryla)	nd b. COUNTY	on: Residence before admission) Baltimore		
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town)  Catons ville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Perry Hall					
-	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION SPRING GROVE STATE HOS	d. STREET ADDRESS 9221 Bel Ai	r Road	e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF First DECEASED (Type or print) Della	Middle Zimmerman	Zealor	DATE Mont OF Apri			
	5. SEX   6. COLOR OR RACE   7. MARRII   female   White   WIDOWEE		April 27, 188	last hirthday)	Months Doys Hours Min.		
j	10a. USUAL OCCUPATION (Give kind of work done 10b. K dyring most of working life, even if retired) NOUSEWIIE	At Home	IRY 11. BIRTHPLACE (State or Mary La		12. CITIZEN OF WHAT COUNTRY?		
	13. FATHER'S NAME  John Zimmerman						
	(Yes, no, or unknown)   (If yes, give wor or dates of service)		FORMANT COrds: SPRIN	G GROVE STA			
Section of the second	Canditions, if ony, which gove rise to immediate DUE TO	scess of left			INTERVAL BETWEEN ONSET AND DEATH		
2	Lying couse last.   Dege	enerative myoc			EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES \( \bigcirc \) NO \( \bigcirc \)		
		RIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port	t I or Port II of item 18.)			
	Hour o. m. While	JURY OCCURRED 20e. PLA Not while foct	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)		
	21. I certify that I attended the decease alive on April 23 19 5  ACTUAL STELL & MO		occurred at 7:115a	M, fram the causes a DRESS (Street, city or town, s	.,that I last saw the deceased nd an the date stated abave.  DATE SIGNED HOSPITAL 4-23-49		
1	PHYSICIAN'S Stella Wachslel	r, M. D.	Catonsvill	e 28, Marylan	ıd		
	220. Burial, Cremation, 22b. Date thereof REMOVAL (Specify) Burial 4-27-1959	22c. NAME OF CEMETERY OR Water's Memo:	crematory 22	Cooptown. Ha			
	23 FUNERAL DIRECTOR'S SIGNATURE	7401 Belai		Y REGISTRAR 24b. REGIS	TRAR'S SIGNATURE		

1.9 District States and Section of Section 1 Secti